

THE MEDICAL EXAMINER,

AND

RECORD OF MEDICAL SCIENCE.

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ORIGINAL COMMUNICATIONS.

Removal of the Parotid Gland, by PROFESSOR PANCOAST.
Reported by ELLERSLIE WALLACE, M. D., Demonstrator of
Anatomy in Jefferson Medical College.

To the Editor of the Medical Examiner.

Dear Sir,—I send you an account of an operation for the extirpation of the parotid gland, performed by Dr. Pancoast, on Saturday June 5th, in the presence of Dr. Sharpless of Downingtown, Pennsylvania, Dr. Dorr of Boston, and Drs. Togno, J. V. Patterson, of this city, and myself, besides Messrs. Banks, Prince, Horner, and several others, students of medicine.

The patient was a Mrs. Twining, from Newport, Bucks county, Pennsylvania, a woman of 60 years of age. According to her statement and that of her friends, the disease commenced upwards of ten years ago as a swelling of the gland, of an acute character, simulating ordinary parotitis. After the acute symptoms had passed away, the gland did not return to its normal size, but remained a little enlarged for a few years. It then began to increase in size, and she applied to Dr. Smith of Newport, who informed her that it was an enlargement of the parotid gland, for which he did not at the time advise any operation. Its

growth increasing more rapidly within the last year, and its increase of growth being accompanied by much distress from severe shooting pains about the face and forehead, she came to Philadelphia to seek surgical aid; and, consulting Dr. Pancoast, gladly consented to an operation in hope of a cure.

The tumour was on the right side of the face, nodulated and irregular in its external aspect, and appearing about half the size of a man's fist. It extended from a little above the zygoma, to a short space below the angle of the jaw—passing forward over the greater part of the masseter muscle, and backward under the ear, so as to elevate and press posteriorly the anterior border of the ear; it likewise nearly surrounded the auditory meatus, and also overlapped the insertion of the sterno-cleido-mastoid. When grasped firmly, it was found but slightly moveable, deeply fixed, and firm in its texture, except at its upper part, where there seemed a local point of softening.

None of the surrounding lymphatic glands seemed at all involved. The complexion of the patient was somewhat straw colored, though she appeared vigorous for her age.

Operation.—The patient was placed on her left side, with the head and shoulders elevated, and her head well turned towards the left shoulder. The tumour was exposed by a single incision shaped somewhat like the Italic \int reversed: it was commenced above the top of the ear, and carried forward and downward to near the centre of the tumour, then in a direction sloping slightly backwards to just below the lobe of the ear, when it was again directed forward, downward and nearly vertically, leaving a concavity in front, and terminating about an inch and a half below the base of the jaw, and somewhat within the inner edge of the sterno-mastoid. The dissection was then commenced by reverting the flaps so as to expose the tumour, and continued by separating the diseased mass first above, then posteriorly, next anteriorly, and lastly below. Some vessels bled from the surface of the tumour, as well as some small arterial branches from the flap, but by pressure of the fingers and the application of a few ligatures, all material hemorrhage was arrested.

Dr. Pancoast now sought for the external carotid artery, with a view of placing a ligature upon it, near its entrance into the tumour; this required a slight increase in length of the first incision, as from the size and attachments of the tumour, it was somewhat difficult to reach the vessel. It was isolated, however, with its vena comes, and the two were raised on the director, and a Physick's aneurismal needle armed with a ligature passed under them, along the groove in the director, and both secured

in the loop. From this moment to near the conclusion of the operation, there was very trifling hemorrhage. The vessels were now cut beyond the ligature, and while strong traction was made upon the tumour, Dr. P. detached it from its connexions to a still greater distance below. The patient complained much of the pain caused by the upward traction. The tumour was next loosened to a greater extent above, as well as posteriorly and anteriorly.

The central part of the tumour, deeply seated, was the last part detached; and a strong jet of blood, by retrogression from the internal maxillary artery as the final cuts were made, required that a ligature should be applied to the divided vessel. This ligature, with two on smaller bleeding vessels, and the one on the carotid artery, were all that were left at the conclusion of the operation.

A small piece of diseased structure being discovered after the thorough cleansing of the wound, near the bottom of the cavity, it was removed by the handle and blade of the scalpel. As far as was possible, the handle of the scalpel was used during the operation, but for the most part the attachments were so firm as to require the cutting edge. The constant firm traction directed by Dr. Pancoast, was of much value in facilitating and in hastening the extirpation of the diseased mass.

The depth of the wound was very great, as well as its extent. It was six inches in length, exposing the greater part of the masseter muscle, a part of which, being adherent to, was removed with the tumor, and a small portion of the buccinator was also laid bare. The under surface of the internal pterygoid was exposed, as well as the entire ramus of the jaw posterior to the masseter muscle; the ligaments of the temporo-maxillary articulation were also laid bare, on their outer, lower and inner surface, and the condyle could be seen sliding forward in its socket when the mouth was opened. The finger being placed on the styloid process of the temporal bone, (which was exposed its whole length,) and carried downward, the contraction of the styloid muscles could be distinctly felt. A part of one of the styloid muscles, which was embraced by the tumour, was removed with it. The insertion of the sterno-cleido-mastoid into the mastoid process was also plainly shown. There was paralysis of the side of the face and of the orbicularis oculi, induced by the division of the portio dura—this nerve having been removed with the diseased structure. The lips of the wound were approximated by suture, and pressed down into the deep cavity by a compress of lint spread with cerate; another compress was laid over the entire length

of the incision, and strips of adhesive plaster applied to keep the sides of the cavity in contact. The patient was a good deal exhausted at the close of the dressing, and took about $\frac{3}{4}$ j. wine in some water; reaction soon came on, and she pronounced herself comfortable.

Dr. Pancoast invited me to visit the case after the operation, and upon no occasion has there been any unpleasant symptom, either constitutional or local. Her appetite has been good, she has rested well, had no fever, nor local pain nor soreness enough to induce any complaint. We examined the wound on the fifth day after the operation, and the upper and lower part, for three-fourths of an inch, had united by first intention, and so favorable was its appearance, that the centre, where the first compress had been placed, was not disturbed. On the tenth day the first entire dressing was made, and on the twelfth, the second. There had been no discharge of matter, except a little that hardened on the ligatures, and there was scarcely any odour from the wound. Union by first intention has been complete—closely embracing the ligatures, the integuments being sunk down in the deep fossa left by the removal of the diseased gland.

Since the fifth day from the operation, the patient has dressed and set up daily. Very respectfully yours,

ELLERSLIE WALLACE,

June 18, 1847.

309 Walnut Street, Philadelphia.

False Anchylosis of the Knee Joint, treated with Steel Springs, &c., &c. By JAMES BRYAN, M. D., Lecturer on Surgery—formerly Professor of Surgery and Medical Jurisprudence in the Academy of Medicine, Vermont.

Mrs. L. aged about 35 years, had been delivered of a (first) healthy child by means of instruments but a few days, when she was attacked with great pain and swelling of the right leg and thigh, exhibiting all the symptoms of *phlegmasia alba dolens*. My friend Dr. Joseph Warrington, who was the attending accoucheur, requested me to see her. The swelling, pain, and heat, were very great, and terminated after a protracted course of treatment, during which my friend Dr. Rhea Barton saw the case with me, in incomplete anchylosis of the knee-joint, with great contraction of the flexor muscles of the limb. The heel was drawn up and it was impossible for the patient to bring it to the ground; very little weight could be borne on the toes and ball of the foot, the only parts permitted to touch the floor.

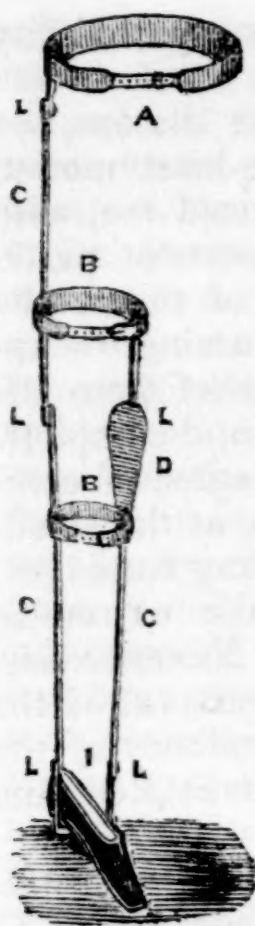
The contraction of the muscles and consequent angularity of

the leg increased daily, so much so that there was a probability of a total loss of its use.

During the treatment of the acute stage of the disease, the severity of the pain, amounting to agony, on the least motion taking place in the excessively tumified limb, induced me, with the assistance of Dr. A. M. Pena, to apply a permanent paste-board case to the whole limb, leaving the region of the patella only uncovered. This was for the purpose of allowing the application of remedies to the diseased joint. The relief from the general support given by the case, was immediate and complete. She was enabled to rest and to sleep with some degree of comfort. The case was kept in contact with the limb, as the swelling subsided, by gradually tightening the surrounding bandages, and in this way, the patient lying on her back, the extremity was retained in a position not far from rectilinear. Nevertheless, after the subsidence of the inflammation and the removal of the case, as soon as the muscles began to act, the ascendancy of the flexors was so great, that the deformity was, as abovestated, and continued daily to increase.

At this time, when the general health of the patient was sufficiently restored to require air and exercise, I directed "Mr. B. C. Everett, Principal of the Surgeon's Bandage Institute," to manufacture a steel support for the limb, which would have for its object to throw the greater part of the weight of the body (through the spring) from the foot to the pelvis—or rather from the pelvis to the foot, thus leaving it optional with the patient how much weight she should place upon the foot. It was also to give lateral support to the joints, particularly the knee joint, so that the patient might attempt the use of the leg without bearing much weight upon it, at the same time, by the lateral pressure, the parts should be so supported as to secure them from distortion in any direction. The patient was directed to use frictions with dry salt, salt and water, alternating with animal oils and liniments, such as lard, volatile soap, and camphorated liniments, &c., &c. The limb was to be used gently but firmly and perseveringly, treading of course on the toes and ball of the foot. I strictly forbade her wearing a high-heeled shoe or boot, hoping by the above means to bring down the heel and straighten the knee joint.

At the end of some six months, the strength of the limb had so increased that she could walk upon it with little difficulty, and before a year had passed the instrument was taken off, and her locomotion restored nearly to the natural manner, only a slight shortening of the limb remaining, producing in her walk an almost imperceptible halting. This condition remains to the present time, now almost four years. She is a lady of great activity, and daily takes a large amount of exercise on foot.



The accompanying wood cut represents the instrument used. A, is a circular spring well padded, to pass around the pelvis and fasten in front by means of a strap and buckle. L L L, the joints corresponding to those of the hip, knee and ankle, C C, the thigh and leg pieces. B B, metallic bands and straps for the thigh and leg. I, the shoe and cross piece.

Since writing the above, I have observed in the fourteenth part of "Braithwaite's Retrospect" for 1847, an article by Anthony Colling Brownless, Esq., of London, "On the value of position and mechanical support in the treatment of Diseased Joints, with special reference to the knee-joint."

"The subsequent usefulness of diseased joints," remarks the editor of the above very excellent publication, "depends, 1st, upon the position they are allowed to assume during the active stage; and 2dly, upon proper support in the convalescent stage, when the activity of the disease being subdued, the patient is beginning to use the limb."

In reference to the support of the limb, during the active stage of the disease, the following paragraph from Dr. Brownless' paper accords with the experience of surgeons.

"During the active progress of the disease, any splint or apparatus, which will at once maintain the joint in a desirable position, prevent any considerable motion, and be comfortable to the patient, will fulfil all our intentions. Perhaps the strong paste-board or undressed leather splint,* adapted to the part whilst wet, and afterwards softly padded with lint, or, what is better, goldsmith's or jeweller's wool, will answer as well as anything else, it being light, and at the same time giving good support; but whatever the apparatus may be, no pains should be spared in fitting it in such a manner to the part, as to be perfectly easy to the patient, at the same time that it gives steadiness to the limb, by extending sufficiently above and below the joint.

The limb should lay in a sort of case, which should be long enough to receive the calf of the leg, and also extend well up the thigh." We concur also in the following:

"By the use, then, of this plan to diseased joints, we obtain more or less the following important ends:—first, the alleviation of the sufferings of the patient; secondly, the lessening the liability to repeated attacks of inflammation, and, consequently,

* The leather case is also recommended by Sir B. Brodie. See Diseases of Joints.

thirdly, the acceleration of the cure ; fourthly, the prevention of deformity, if the disease terminates in anchlyosis, partial or complete ; and, fifthly, the ultimate utility of the limb."

But in the "after treatment" my "notions" and apparatus differ very materially from his—after stating the necessity of support to joints thus situated, during the convalescent stage, he proceeds to say :—"I know of no better support for a knee-joint, than to envelope it in splints of leather, undressed with oil, first softened in water and allowed to remain on to harden in the exact shape of the joint, when the edges should be rounded and the splints covered with soft wash leather ; a large piece of new jeweller's wool is then to be laid over the patella and upper part of the joints, to prevent too much pressure of the edges ; the splints are afterwards to be applied and fixed by a roller of strong stuff attached to the end of one of the splints, and passed round and round the joint." Our idea, as stated above, was to throw, to a certain extent at least, the weight of the body, during locomotion, on the pelvis, and at the same time to give such general support to the limb as would allow the patient to extend it freely, and bear his weight upon it as fast as returning strength would permit. The lateral support to be such as to protect all the joints from deformity.

The last paragraph of the able author, will we think, apply with equal if not greater force to our apparatus, than it does to his plan.

"Besides giving great support to the joints in walking and standing, resisting the tendency to displacement, and consequently, preventing deformity, the leather (spring) apparatus is particularly serviceable in cases of partial anchylosis of the knee joint, more particularly where adhesive bands had been formed, which are liable to be stretched and even torn, and fresh inflammation to be set up from every little slip in walking, if the joint be not guarded by an efficient apparatus. No strapping or rolling can preserve a joint from the effects of these accidents so well as the leather case, (steel springs.) Being firm, it (they) preserves the joint also from external violence, and lastly, I consider this apparatus very valuable, by supplying an immediate, or rather, we may call it, a prophylactic remedy for inflammatory attacks."

In another case of the same disease, occurring in Mr. M. a carpenter, twenty-four years of age, who had had a severe attack of acute inflammation of the synovial membrane, and other tissues of the right knee joint, producing stiffening of the joint and contraction of the flexor muscles ; I was enabled to restore the limb by means of a single wooden splint and a bandage. The splint was long enough to reach from the tuberosity of the

ischium to beyond the heel under the leg, and a bandage, the ordinary muslin roller, was carefully applied, from the ankle to the pelvis, around both leg and splint, binding in this way the angular and deformed limb to a horizontal plane. Frictions with various oleaginous mixtures, and cooling lotions were applied, and the bandage tightened daily, until, in about two weeks, the leg was sufficiently extended to permit him to walk upon the ball of the foot. The frictions with the hands and liniments were continued in the day time, and the splint worn at night, until a complete cure was effected. The high heeled shoe was also strictly forbidden in this case.

In these and many other cases which might be mentioned, in which tenotomy was not resorted to, we are of the opinion that much is due to the fact that they were *recent*, and although, as in the case of Mrs. L., the contraction was very considerable, the leg being almost at right angles with the thigh, yet the contractions of the muscles and the deposits in the vicinity of the joints, not having become old and firm, were the more easily extended and broken up. At the same time these cases may be considered useful, as exhibiting how much may be done by the use of merely mechanical means, combined with appropriate frictions.

BIBLIOGRAPHICAL NOTICES.

Lehrbuch der Arzneimittellehre. Von Dr. C. G. MITSCHERLICH, Privatdocenten an der Königl. Friedrich-Wilhelms-Universität und praktischem Arzte zu Berlin. Svo. 2 Band. Berlin, 1838, 1846.

Manual of Materia Medica. By C. G. MITSCHERLICH, Privatdocens to the Royal Frederick-William's University, and practical Physician at Berlin. Two volumes. Berlin. 1838.

Annuaire de Thérapeutique, de Matière Médicale, de Pharmacie et de Toxicologie pour 1847, contenant le Résumé des Travaux Thérapeutiques et Toxicologiques publiés en 1846, et les Formules des Médicaments nouveaux; suivi d'un Mémoire sur les principaux contrepoisons, et sur la Thérapeutique des empoisonnements et de diverses notices scientifiques. Par le Dr. A. BOUCHARDAT, Chevalier de la Légion d'Honneur, Agrégé de la Faculté de Médecine de Paris, Pharmacien en chef de l'Hôtel Dieu, &c. 18mo. pp. 302. Paris, 1847.

Our German brethren have a singular mode of bringing out many of their treatises on science, and on medical science more especially. Mitscherlich's work on *Materia Medica* appeared in its first portion as long ago as the year 1838, and its last has not been long issued. There can, therefore, be but little unity in such productions; and it must often happen, that the purchaser of the first parts must be disappointed in receiving the remainder, and, when he does obtain them, they cannot be in entire keeping with the precursors; as, generally, in the lapse of years, material changes must have occurred in the views of the author, and in the progress of science. In most works of a cyclopædic character, time—and a long time—must necessarily elapse before they can be concluded, and the same objection holds as to the want of uniformity in the earlier and later articles; but as these are not necessarily—nor perhaps often—by the same author, the objection

is not so valid. In the case of Dr. Copland's valuable dictionary, written wholly by himself, great and deplorable delay has occurred, and—as we have before said—there is no knowing when it will terminate; and if the author's life should unfortunately end, and science be thus deprived of a valued ornament, it may experience the fate of the *Cyclopædia of Surgery*—dead from inanition—and an imperfect work may be left in the hands of the original purchasers. Such was the case with the *Dictionnaire des Etudes Médicales*, which expired at the termination of the fourth volume, leaving ourselves amongst the bereaved ones.

We wish our German *Confrères* would abandon this custom of issuing their works piecemeal; for it not unfrequently happens, as the *Abtheilungen* are sold separately, that a purchaser is unable to obtain some of them, and is thus saddled with an incomplete work, as has happened to ourselves more than once.

It is not our intention to examine the work of Mitscherlich in detail. In a former article, we spoke of the general character of the German works on *Materia Medica* and *Therapeutics*; and commended them for paying much more attention to the therapeutical relations, rather than exhausting—as is commonly the case with the English works on the subject—every topic of chemistry and natural history that has any bearing on the matter, and passing over the therapeutical portion in a very cursory and often slovenly manner. Such works are assuredly not desirable as accompaniments to a course of medical lectures. Practical *materia medica* cannot be completely taught by lectures, although they afford the student most important and essential facilities. An acquaintance with the sensible qualities of drugs can only be attained fully by handling them; but the principles of general therapeutics, and the indications which special articles are capable of fulfilling, can be conveyed by lectures in a manner to render the impression forcible and enduring; and the most valuable accompaniments to the student of *materia medica*, in the shape of books, are those that teach just so much of the sensible properties of the articles of the *materia medica* as may enable the practitioner to recognize and select the genuine, and to discard the spurious and imperfect; whilst they expand copiously on the adaptation of such articles to the treatment of disease. It is,

doubtless, *desirable*, that the young graduate should know every thing relating to chemistry and natural history, contained in the pages of Pereira, or Royle, or Ballard and Garrod, or in the Dispensatory of the United States by Messrs. Wood and Bache; but such knowledge, however *desirable*, cannot certainly be *indispensable*. Where, consequently, it is a matter of moment, that the aspirant for medical honours should, at an early period, be sent forth in the practical exercise of his calling, the *necessaries* should be inexorably demanded, but the *luxuries* may be postponed for after attainment.

The appearance of the *Annuaire de Thérapeutique* of M. Bouchardat we have heralded more than once. This is the seventh year of its advent, and we are pleased to learn from its author, that "its success has increased year by year, so that it has now attained a circulation equalled by few works on medicine or pharmacy." "I take to myself"—he adds—"more and more credit for having borrowed of M. Arago the idea of terminating each volume by one or more unpublished works, to which I devote all my attention; and I am of opinion, that these memoirs have contributed much to cause the *Annuaire* to be sought after; so that my publisher has been obliged to reprint three years that were exhausted." p. v.

To such memoirs contained in the present number, we shall restrict our reference at present. The body of the *Annuaire*, like that of Ranking and of Braithwaite, is indeed a kind of Collectanea or Adversaria, similar to the Record department of our own Journal, and therefore does not admit of analysis. Many of the articles have indeed been already published in those *Recueils*.

Our readers are aware, that, according to the views of Liebig, aliments admit of classification into the azoted or nitrogenized, or such as are capable of forming organized tissues; and the non-organized or non-nitrogenized, such as are inservient only to respiration—views, which we have always considered not only to demand proof, but to be, in some respects, unsupported by observation; and to be based rather on chemical than physiological results. From the chemists they have received, however, great attention, and MM. Bouchardat and

Sandras in the '*Annales*' for 1843 and 1845, and in the supplement to that of 1846, examined into the digestion of fatty, saccharine and amylaceous substances, and endeavoured to discover the rôle of these substances in nutrition; and to complete the inquiry, they have, in the *Annuaire* before us, examined the "Digestion of Alcoholic Drinks;" and after a detail of certain experiments on animals and man, have made the following conclusions:—

"By comparing and associating the results of the experiments which we have just detailed, a clear idea may be formed of the mode of absorption of alcoholic drinks, the changes induced by them in the animal economy, and the rôle which they play in nutrition. We may begin by remarking, that for alcoholic drinks the first period of digestion, properly so called, which consists in a solution, is wanting, as it is also wanting in the digestion of fatty bodies. Alcoholic drinks undergo no other alteration in the digestive apparatus than that of being diluted by the gastric juice and mucus, the saliva, and the other fluids that may be poured into the digestive apparatus. The absorption of alcoholic drinks is effected, as Magendie had already shown, by the orifices [?] of the veins. It is especially in the stomach that this absorption takes place, when alcoholic drinks are given either in great excess or mixed with sugar. This absorption may be continued through the remainder of the intestines.

"The chyloferous vessels contribute, in no respect, to the absorption of alcoholic drinks. After they have been taken, the chyle may be very abundantly collected, if they have been given with fatty aliments: in such case the chyle exhibits no appreciable trace of alcohol.

"When alcoholic drinks are introduced into the torrent of the circulation, the alcohol is not eliminated by any of the secretory apparatuses: a small proportion only is evaporated from the lungs, and may be collected with the gases and vapours which are constantly exhaled from that organ.

"If the alcohol is introduced into the circulating apparatus in too great quantity, the arterial blood preserves the colour proper to venous blood; and the alcohol may occasion all the phenomena of asphyxia.

"The alcohol, under the influence of the oxygen incessantly introduced into the economy by respiration, may be immediately converted into water and carbonic acid. But in many of our observations we have obtained an intermedial product of combustion, *acetic acid*.

"The alcohol and the products derived from it disappear

rapidly from the economy: when it is introduced simultaneously with glucose or dextrine, its destruction is more rapid than that of these last bodies." p. 280.

The results, therefore, of the observations of MM. Bouchardat and Sandras do not throw much light on the use of alcoholic agents as elements of combustion or respiration. Of late, it has been urged by Chossat and others, that when animals die of *inanition*, the fatal effects are owing to the fatty matters from within and without being consumed, and to the cooling influence thus induced; and it has been conceived that in long protracted fevers, alcoholic stimulants may be serviceable as calorifying agents: and that if they be properly given, they may sustain the 'vital flame' until the malignant disturbing agent or influence has passed away. It may be so: yet we think mischief is often done by over-stimulation in such cases; and the excitant has appeared to us not unfrequently to act most injuriously, by exhausting the slight amount of excitability remaining in the tissues. Life consists in a reciprocal action between special excitants and excitable membrane; and it cannot be too strongly borne in mind, that we may exhaust that excitability by the very agents employed to arouse it; and that life may really be sooner extinguished by the very means we employ to maintain it. As we sooner exhaust the feeble fire by endeavouring to fan it into greater vigour, so may we produce, by excitants, a flickering of the *flamma vitalis*, the *thermum emphytum* or *Biolychnium* prior to its more speedy extinction.

The "notice of the principal counterpoisons and the remarks on the Therapeutics of poisoning by M. Bouchardat" we pass by for the present, as we design to insert it *in toto* in the Record department of our next number.

The Medical Student's Vade Mecum, or Manual of Examinations upon Anatomy, Physiology, Chemistry, Materia Medica, Surgery, Obstetrics, Practice of Medicine, Poisons, &c. Second Edition, revised and greatly enlarged. By GEORGE MENDENHALL, M. D., Lecturer on Pathology in the Medical Institute of Cincinnati, etc. 12mo. pp. 574. Lindsay and Blakiston: Philadelphia, 1847.

We spoke in suitable terms of commendation of this work on the appearance of the first edition, and are glad to find that the

present is even more valuable than the former. About one hundred and fifty pages of matter has been added, embracing some subjects entirely omitted in the first edition, whilst "others have been rendered more full." For the purposes of a medical student, we regard it as decidedly the best manual of examinations in our language.

The Virginia Springs, with their Analysis ; and some remarks on their character, together with a Directory for the use of the White Sulphur Water, and an account of the diseases to which it is applicable, etc., and an account of the different Routes to the Springs. By JOHN J. MOORMANN, M.D., Resident physician at the White Sulphur Springs. 12mo. pp. 219. Lindsay & Blakiston : Philadelphia, 1847.

The Sulphur Springs of Virginia are among the most remarkable mineral springs of the country, and indeed of the world. Whether we regard the active constituents of the waters which render them medicinal, the mountainous region in which they are situated, and the varied and picturesque scenery along the road which the visiter from almost every quarter travels to arrive at them, we discover hygienic influences of the most powerful character, to impress anew the exhausted energies of the valetudinarian. Besides sulphur and the salts of lime, soda, magnesia, iron, &c., present in the waters of most of them, in various proportions, some contain iodine, and various gases, as sulphuretted hydrogen, carbonic acid, etc., and vary in temperature from 49°, as at the "Salt Sulphur," in Monroe, to 106°, at the "Hot Springs," in Bath County.

Dr. Moormann's work, although professedly an account of the different springs of Virginia, is mainly occupied with an account of the "White Sulphur," at which he resides, and a critical notice of a work on "The Mineral Springs of Western Virginia," by William Burke, formerly, and perhaps now, "Proprietor of the Red Sulphur Springs." In this part of the volume, Dr. M. commits the common error of all disputants, of supposing that the public take the same interest in personal controversies as the individuals themselves—otherwise, the book contains much to interest the seeker after health, who may be thinking of journey-

ing to the mountains and springs of Virginia, and might, we think, with a little effort, and some self-denial, have been made to include much more, even without extending its pages. As it is, however, the physician will find in the analyses of the various Springs information which will enable him to judge of their adaptation to the conditions of patients laboring under derangements for which they are visited, whilst the public will learn from it the different routes and distances to be travelled to arrive at the several Springs.

Water versus Hydropathy ; or an Essay on Water and its true relations to Medicine. By EDWARD HARTSHORNE, M. D.

This is a *brochure* of 131 pages, duodecimo, in which the author has attempted to show the general therapeutic properties of cold water, and the classes of cases to which, internally and externally, it is adapted. Although the advocate for a less restricted use of this simple but energetic agent, in the cure of diseases, than the mass of physicians probably are, *at least in practice*, he very justly ridicules the exclusive reliance upon it which characterizes the modern tribe of hydropathists. The book contains many facts and useful suggestions which may not always be present to the mind of the experienced physician, whilst they cannot but be instructive to the tyro ; and to the latter, in particular, we commend its perusal, as well for the reasons we have stated, as the example of thoughtful inquiry it exhibits, on the part of one but recently from their ranks.

The Diseases of Females ; including those of pregnancy and childbed. By FLEETWOOD CHURCHILL, M. D., author of "the Theory and Practice of Midwifery," etc. etc. Fourth American edition, with illustrations. With notes by ROBERT M. HUSTON, M. D., etc. etc. 8vo. pp. 600. Lea & Blanchard, Philadelphia, 1847.

The appearance of a fourth edition of the work of Dr. Churchill on the Diseases of Females, in so brief a space of time, is high evidence of its general approval by the physicians of the United States.

One great and distinguishing trait of the volume is, that it embraces *all* the diseases peculiar to women, which can hardly be said of any other publication, and it is this circumstance that especially commends it to practitioners who are without the opportunity of consulting numerous works. In the present edition, some additions have been made by the editor, and some errors of the press have been corrected, although it is to be regretted that others have been allowed to escape.

THE MEDICAL EXAMINER.

PHILADELPHIA, JULY, 1847.

SHIP FEVER.

In our last we spoke of the vast number of emigrants arriving at the different sea-ports of the United States, in a condition of the utmost destitution, and in many instances laboring under ship-fever. This state of things continues, and, in fact, appears to be constantly on the increase; nor does there seem to be any hope that it will be otherwise until the famine in Ireland disappears, or more efficient means are adopted to prevent so many persons from being crowded in the vessels that convey them hither, as well as to provide better provision for them on the passage.

It is not only in the Atlantic cities that cases of this fever are found, but wherever the unfortunate emigrants seek a home speedily after their arrival on the continent of America, from the Mississippi to the St. Lawrence. As the voyage from Ireland to the Northern ports is much shorter, of course the greatest number proceed thither, and consequently there the evils most abound. Some idea may be formed of the dreadful mortality among these poor people, who arrive in the St. Lawrence, from the following statement, which we cut from one of the newspapers, and in a smaller proportion, perhaps, among those who arrive at the ports of the United States:

“Ship and Typhus Fever.”—A letter from Dr. Douglass at the Quarantine Station, Gross Isle, dated June 18, received in Montreal,

gives some idea of the melancholy condition of vessels quarantined there.

The Pursuit, Spencer, from Liverpool—the master, mate, and all the men, save one, sick in hospital—was obliged to send hands from the shore, to remove his sick and dead.

The Lotus, Watson, from Liverpool—has had some of his sick removed to Hospital—expects to land the rest of the sick in a day or two—he had 70 deaths—12 since her arrival.

The Rose, M'Kinlay, from ———, has nearly 100 sick—lost 14 the day of his arrival, and 7 the day after—total deaths nearly 80.

The Lady Flora Hastings, from Cork—passengers landed, except the sick—72—who are still on board—has buried 60.

The ship Sabraon, Wilson, from Liverpool—has about 60 sick—buried 35—has a medical man on board, who attends to the sick.

The Jessie Gorman, from Limerick—sick 45, still on board—mate, and ten of the crew ill—buried 30 of his passengers.”

The disease appears to be the old ship, jail or hospital fever, modified in different individuals, so as to constitute either *typhus* or *typhoid* fever, according to the notions of different writers. In all instances it may be regarded as adynamic in its character; sometimes with lesions of the intestinal glands, and in other cases without such lesions, but presenting black tongue, petechiæ, great stupor and prostration, &c. From the number of cases occurring, and the fact that in a few instances the attendants on the sick have contracted and even died of the disease, some alarm has been experienced from the apprehension that it may spread beyond its present limits and become general among the people. We do not, however, participate in this apprehension, nor do we believe that it is entertained by any considerable portion of the physicians of this or any other place where the disease has appeared. That it is contagious, under peculiar circumstances of exposure, and that a few persons have fallen victims to it under such circumstances, may be admitted, and is admitted; but the smallness of the number out of all who have been so situated, shows how rarely it is contracted by those who are not predisposed to it by the melancholy circumstances of the chief sufferers, whilst there are no instances of its occurrence beyond the immediate sphere of infection. These circumstances show no tendency in the disease to spread, and indicate anything but a state of the atmosphere favourable to its propagation. Had the disease appeared among us in cold weather instead of the summer season, its effects upon those who are obliged to attend upon the sick in our almshouses and other places of public charity, would probably have been deplorable.

UNIVERSITY OF PENNSYLVANIA.

Professor Robert Hare, who has occupied the Chair of Chemistry in this time-honoured School of Medicine nearly thirty years, has resigned his professorship, and we understand that at the meeting of the Trustees at which his resignation was accepted, he was unanimously elected Emeritus Professor of Chemistry—a proper acknowledgement of distinguished abilities and long and faithful services. No successor has yet been appointed.

HAMPDEN SYDNEY COLLEGE.

In our last we announced the decease of Dr. Warner, Professor of Surgery in this institution. From the following notice, which we copy from the U. S. Gazette, it will be seen that a successor, of reputation, has already been appointed.

“Dr. James L. Cabell, now Professor of Anatomy and Surgery in the University of Virginia, has been selected, and has consented, to take charge of the professorship in the Richmond Medical College, recently made vacant by the death of the late Dr. Augustus L. Warner. Dr. Cabell is now widely known as a medical instructor, and will prove a valuable accession both to the college and the city.”

BUFFALO UNIVERSITY.

The first Annual Commencement of the Medical Department of the Buffalo University, took place on the 16th inst. The degree of Doctor of Medicine was conferred on seventeen graduates.

LA LANCETTE CANADIENNE.

But a few short months since, we chronicled the advent of this spirited little French organ of medical science, and now, alas! it is numbered with those that have been! The number which appeared on the 15th ultimo, contained the valedictory of its able editor, Dr. Leprohon.

NEW YORK MEDICAL AND SURGICAL REPORTER.

The Boston Medical and Surgical Journal of the 23d ultimo, announces the discontinuance of its weekly contemporary, and takes occasion to say that “the Boston Journal is again alone in this country as a weekly visitant to the medical profession.”

Beware, brother Smith! Listen to the Bard—

“This is the state of man :—to day he puts forth
The tender leaves of hope, to-morrow blossoms,
And bears his blushing honours thick upon him ;
The third day comes a frost—a killing frost!”

ARMY SURGEONS.

The Army Medical Board, which was recently convened in New York, for the purpose of examining candidates for appointment to the Medical Staff of the regular army, has approved the following gentlemen as being properly qualified :

Nicholas L. Campbell, New York.

Samuel L. Barbour, Georgia.

George Edward Cooper, Pennsylvania.

Ebenezer Swift, Ohio.

John. S. Battee, Maryland.

Glover Perin, Ohio.

P. G. Stayvesant Ten Broeck, New York.

John Campbell, New York.

John E. Summers, Virginia.

Charles A. Smith, Virginia.

Washington M. Ryer, New York.

Surgeon John B. Wells was also examined for promotion to that grade, and was fully approved by the same board.

DEATH OF LISFRANC.

The late foreign Journals announce the death, at Paris, of this celebrated surgeon. The following account is from a letter written at Paris by Dr. F. W. Fisher, to his uncle at Boston, and published in the Boston Journal of the 9th of June :

“One of the most noted of the French surgeons has paid his tribute to nature. Lisfranc is dead! After four weeks of suffering from pseudo-membranous croup (*angine couenneuse*) he fell a victim to that relentless malady. He requested that tracheotomy might be performed for his relief; but that operation was objected to, as false membranes were already formed in the pharynx, œsophagus, larynx, bronchi, &c. He was aware of his situation, and said that he would not shrink before death *if his work on operative medicine were completed!* This remark of the dying Lisfranc is characteristic—not of Lisfranc alone, but of the French savans generally. It has often amused me to notice how jealous the French professors are of their scientific brethren, and how anxious they are to obtain professional notoriety. Lisfranc had become an old man, and yet he had all the feelings of youthful ambition. He had served as surgeon in the armies of Napoleon, and had been honorably noticed by that great man, and yet on the day of his death his craving for increased honour and glory seemed to be as imperious as ever. Lisfranc seems to have been a greater favorite with his countrymen than with foreign physicians and students. As a teacher he was much followed, and as a

surgeon he deservedly held a high rank. He was a man of strong and violent prejudices—and never failed in exhibiting them in his lectures, whenever he spoke of those whom he considered as rivals. Dupuytren and Velpeau were the peculiar recipients of his censures—and he oftentimes spoke of these great men with a severity and an eloquence which must have characterized the age of the French revolution. All those who were familiar with the social character of Lisfranc, say that he was a warm-hearted man—that he was ever a friend of the poor, and that his services and his purse were ever at the call of suffering humanity.”

This brief description of the able but eccentric Frenchman, is in accordance with a lively sketch of him published in this journal some years ago, from the pen of the then editor, Dr. Clymer, and to which our attention has been directed. Some of our readers may remember having read it at the time, but to most of them the language as well as the facts will be new, and as every one must feel interested in the personal character and peculiarities of one who has occupied so prominent a position in the eyes of the profession, the republication of our predecessor's remarks at the present time will not be deemed out of place.

“Few medical visitors to the French metropolis will readily forget the distinguished surgeon of La Pitié. The position which he has so long occupied as a clinical professor, the great reputation he has so worthily obtained, and the respect with which his professional opinions are received, render him an object of early interest and attention. His lofty stature, stately gait, and robust form; his large and regular features, his deep set, restless and piercing eye, overshadowed by a heavy brow; his ample forehead, with its few grey locks, surmounted by the old cap, and his pale and haggard expression, all make an appearance eminently striking and not easily forgotten. No man has been more misrepresented than M. Lisfranc. An unfortunate temperament has done much toward injuring his prospects; and to disappointment, acting on a natural infirmity of disposition, may, perhaps, be attributed that eccentricity of character and impetuosity of temper, which are usually associated with his name. His capacity is undoubtedly of an exalted order; surpassed, if equalled, by that of none of his rivals. A quick and vigorous understanding, a lively imagination, a clear and sure judgment, a varied and solid erudition, a persevering industry, and undaunted professional ardour, are his claims to a reputation laboriously and honestly obtained. With these intellectual powers are unhappily combined an aceticism of temper, a violence of prejudice, an impetuosity of feeling, and a selfish spirit, which betray him into the constant indulgence of violent personal invective, to the utter disregard and contempt of the feelings and claims of others. As a lecturer he is full of useful information, which he conveys in a clear, vigorous and energetic style, almost too thea-

trical to be impressive, and often offensive from self-sufficiency and importance. A consciousness of manifest superiority, and a determined inclination to assert and maintain it, lead him to the constant indulgence of his sarcastic humour, and his sallies, indiscriminately directed, are as unmeasured as in general unmerited. Frequently in the midst of a lecture of intense interest he will abruptly stop, his whole frame becoming convulsed, and, without apparent provocation, pour forth, in stentorian voice, a passionate and boisterous philippic on the devoted head of a *confrère*, garnished with admonitory expletives to the neighbouring internes. The fit over, he resumes his discourse, and again interests and delights his class. From his pupils he exacts an entire submission and passive obedience to his whims and caprices, any defection being visited by gross personal abuse, publicly administered. His manner to his patients is usually uncouth and repulsive, he frequently during his morning visits abandoning himself to sudden transports of rage; and in the course of a painful and tedious operation, he commonly exhausts several times his juratory vocabulary. During his life time, Dupuytren was the especial object of Lisfranc's hatred and abuse; since his death he has canonized him and his doctrines, and Velpeau has become the subject of his daily vituperation and invective."

Lisfranc was born the 12th of April, 1787, and died on the 12th of May last. On the 14th his remains were followed to the grave by an immense concourse of physicians and medical students.

RECORD OF MEDICAL SCIENCE.

Report of the Committee appointed under the 6th Resolution, adopted by the National Medical Convention which assembled in New York, in May, 1846.

6th. *Resolved*,—That it is expedient that the Medical Profession in the United States should be governed by the same code of Medical Ethics, and that a committee of seven be appointed to report a code for that purpose, at a meeting to be held at Philadelphia, on the first Wednesday of May, 1847.

Committee.—Drs. Bell, Hays, and Emerson, Philadelphia; Morris, Dover, Del.; T. G. Dunn, Newport, R. I.; A. Clark, N. Y.; and R. D. Arnold, Savannah, Ga.

The committee appointed under the sixth resolution adopted by the Convention which assembled in New York, in May last, to pre-

pare a Code of Medical Ethics for the government of the medical profession of the United States, respectfully submit the following code.

CHAPTER I.

Of the Duties of Physicians to their Patients and of the Obligations of Patients to their Physicians.

ART. 1.—*Duties of Physicians to their Patients.*

§ 1. A Physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and abiding, because there is no tribunal other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity. They should study, also, in their department, so to unite *tenderness* with *steadiness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect and confidence.

§ 2.—Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which the faculty are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligations of secrecy on the part of the physician to his patients, extends beyond the period of his professional services; none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by him except when he is compelled to do so by imperative circumstances. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy, by courts of justice.

§ 3.—Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease,—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and expose him to be suspected of interested motives.

§ 4.—A physician should not be forward to make gloomy prognostications; because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming, when executed by him, that it ought to be

declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick ; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned in their last moments. The life of a sick person can be shortened not only by acts, but also by the words or the manner of the physician, and that most unintentionally on his part. It is therefore a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5.—A physician ought not to abandon a patient because the case is deemed incurable ; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by obviating despair, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing, to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to all pecuniary appreciation.

§ 6.—Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7.—The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. And his councils, or even remonstrances, will give satisfaction, not disgust, if they be conducted with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ART. II.—*Obligations of Patients to their Physicians.*

§ 1.—The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease and health, for the welfare of those who employ them, certainly have a right to require and expect, that their patients should entertain a due sense of the reciprocal duties which they owe to their medical attendants.

§ 2.—The first duty of a patient is, to select no person as his medical adviser, who has not received a regular professional education. In no trade or occupation do mankind rely on the skill of a self-taught artist, while in medicine, confessedly the most difficult and intricate of the sciences, the world appears to think that knowledge may be intuitive.

§ 3.—Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should also confide the care of himself and family as much as possi-

ble to one physician, for a medical man who has become acquainted with the peculiarities of constitution, habits and predispositions of those he attends, is more likely to be successful in his treatment, than one who sees them for the first time. A patient who has thus selected his physician should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4.—Patients should faithfully and unreservedly communicate to their physician the history of the cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms and causes of complaints peculiar to them. However commendable delicacy of mind may be in the common occurrences of life, its strict observance in medicine may often be attended with the most serious consequences, and a patient sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

§ 5.—A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude the details of his business nor the history of his family concerns.

§ 6.—The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions, as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink and exercise. As patients become convalescent they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses, who are to be met with in almost every family, and who pretend to possess infallible remedies for the cure of every disease. However simple one of their prescriptions may be, it often happens that they contravene the plan of treatment adopted by the physician.

§ 7.—A patient should, if possible, avoid even the *friendly visits* of a physician who is not attending him—and when he does receive

them, he should never converse with him on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert, for although each of their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. A patient should always send for his physician in the morning, when the first attack of his disease has not been in a subsequent part of the day. By a physician being aware of the visits he has to pay during the day, he is able to apportion his time in such a manner as to prevent a clashing of engagements. A patient should also avoid calling on a medical adviser unnecessarily during the hours devoted to meals or sleep. He should always be in readiness to receive the visits of his physician, as the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician, for these are of such a character, that no mere pecuniary acknowledgement can repay or cancel them.

CHAPTER II.

Of the Duties of Physicians to each other and to the Profession at large.

ART. I.—*Duties for the support of professional character.*

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honour, to exalt its standing, and extend the bounds of its usefulness. He should therefore observe strictly, such laws as are instituted for the government of its members ;—should avoid all contumelious and sarcastic remarks relative to the faculty, as a body, and while, by unwearied diligence, he resorts to every honourable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labours, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are exacted, than the medical ; and to attain such eminence, is a duty every physician owes alike to his profession, and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon

the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding: and on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow-creature.

§ 3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards or handbills, inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor gratis, promising radical cures, publishing cases and operations in the daily prints, or suffering such publications to be made, or inviting laymen to be present at operations; boasting of cures and remedies; adducing certificates of skill and success, or to any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself, or of others. For, if such *nostrum* be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional services of physicians to each other.*

§ 1. All practitioners of medicine, their wives and children, while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease, is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who by the ties of consanguinity is rendered peculiarly dear to him, tends to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits should not be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice, on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and a pecuniary acknowledgement be offered, it should not be declined, for no obligation ought to be imposed, which the party would rather compensate than contract.

ART. III.—*Of the duties of physicians as respects vicarious offices.*

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his

duties to his patients, and to request some of his professional brethren to officiate for him. This is an act of courtesy, and should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should accrue to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of physicians in regard to Consultations.*

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honours of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, but his aid should be received in consultation when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations no rivalry or jealousy should be indulged: candour, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations it should be the province of the attending physician first to propose the necessary questions to the sick; after which the gentleman called in should have the opportunity to make such farther inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the physician first in attendance should communicate the directions agreed upon to the patient or attendants, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent, and no *opinions* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should

deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation and the reasons for it ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him, at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of the faculty when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient and give his opinion in *writing* and *under seal*, to be delivered to his associate on his arrival.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the physicians, and also the credit of success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several individuals are called upon to consult together, the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third should, if practicable, be called to act as umpire, and if circumstances prevent the adoption of this course, it must be left to the patient, to select the physician in whom he is most willing to confide. But as every physician relies

upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or a participation in the management of the case.

§ 9.—As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of another physician might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10.—A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; his practice, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth and honesty, and no hint or insinuation should be thrown out, which could impair the confidence reposed in him, or affect his reputation. He should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favour of families and individuals.

ART. V.—*Duties of Physicians in cases of interference.*

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made; no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed, when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances, and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, unless it be in consultation with the gentleman previously in attendance, or the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens, that patients become dissatisfied when they do

not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, the care of the patient ought to be resigned to the latter as soon as his attendance can be obtained, unless assistance in consultation be desired.

§ 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the individual who officiates, should request the family physician, if there be one, to be called, and on his arrival, should resign the case to him, unless his further attendance be requested.

§ 7. If a physician be called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the former, with the consent of the patient, to surrender the case.

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighbouring patient, who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no farther than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and in this case, to request an immediate consultation with the practitioner antecedently employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because it is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with, which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he shall be entitled to the fee, but shall resign the patient to the practitioner first engaged.

ART. VI.—*Of difference between Physicians.*

§ 1. A diversity of opinion, and opposition of interest, may in the medical, as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a court medical.

And as peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse

with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as such publicity may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII.—*Of Pecuniary Acknowledgments.*

§ 1. Some general rules should be adopted by the faculty, in every town or district, relative to the *pecuniary acknowledgments* from their patients; and it should be deemed a point of honour to adhere to this rule with as much steadiness as varying circumstances will admit.

CHAPTER III.

Of the Duties of the Profession to the Public, and of the Obligations of the Public to the Profession.

ART. I.—*Duties of the profession to the public.*

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, sustaining its institutions and burdens, and in addition they should be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations, the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions; in relation to medical police of towns, as drainage, ventilation, &c., and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labours for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice on subjects strictly medical,—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a post-mortem examination, it is just, in consequence of the time, labour and skill required, and the responsibility and risk he incurs, that the public should award him a proper gratuity.

§ 3. There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the demands for them. Poverty, professional brotherhood, and certain public duties, referred to in § 1 of this chapter, should always be recognized claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, the insurance of lives or for analogous purposes, or any profession or occupation, can be admitted to possess such prerogative. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to per-

form militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in straitened circumstances, professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health, and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess as professors in Colleges of Pharmacy, and as having the option, in a great measure, of the shops to which they send their prescriptions, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ART. II.—*Obligations of the public to physicians.*

§ 1. The benefits accruing to the public directly and indirectly from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to every consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications;—to make a proper discrimination between true science and the assumptions of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education,—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

TO THE MEDICAL CONVENTION ASSEMBLED IN PHILADELPHIA IN THE MONTH OF MAY, 1847.

Report of the Committee on the Organization of the National Medical Association, as ordered by the National Medical Convention held in the city of New York in the month of May, 1846.

The Medical Convention held in the city of New York, in May last, having resolved, "That it is expedient for the Medical Profession of the United States to institute a National Medical Association," and having appointed a committee of seven, consisting of Drs. John Watson, John Stearns, and F. Campbell Stewart, of the city of New York; A. Stillé, of Philadelphia; N. S. Davis, of Binghamton, N. Y.; W. H. Cogswell, of Plainfield, Conn.; and E. D. Fenner, of New Orleans, "To report a plan of organization for such an association, at a meeting to be held in Philadelphia, on the first Wednesday in May, 1847;" the said committee, after carefully deliberating on the business entrusted to them, beg leave respectfully to report.

Plan of Organization for a National Medical Association.

Whereas, the Medical Convention, held in the city of New York in

May, 1846, have declared it expedient "for the Medical Profession of the United States to institute a National Medical Association;" and,

Inasmuch as an institution so conducted as to give frequent, united and emphatic expression to the views and aims of the Medical Profession in this country, must at all times have a beneficial influence, and supply more efficient means than have hitherto been available here, for cultivating and advancing medical knowledge, for elevating the standard of medical education, for promoting the usefulness, honour, and interests of the Medical Profession; for enlightening and directing public opinion in regard to the duties, responsibilities and requirements of medical men, for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fostering friendly intercourse between those who are engaged in it;—therefore,

Be it resolved, in behalf of the Medical Profession of the United States,—that the members of the Medical Convention held in Philadelphia, in May, 1847, and all others who, in pursuit of the objects above mentioned, are to unite with, or succeed them, constitute a National Medical Association;—and that, for the organization and management of the same, they adopt the following

REGULATIONS.

I. TITLE OF THE ASSOCIATION.

This institution shall be known and distinguished by the name and title of "The American Medical Association."

II. MEMBERS.

The members of this institution shall collectively represent and have cognizance of the common interests of the medical profession in every part of the United States; and shall hold their appointment to membership either as delegates from local institutions, as members by invitation, or as permanent members.

The Delegates shall receive the appointment from permanently organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions of good standing, in the United States. Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and shall participate in all the business and affairs of the association.

Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

The Members by Invitation shall consist of practitioners of reputable standing, from sections of the United States not otherwise represented at the meeting. They shall receive their appointment by invitation of the meeting after an introduction from any of the members present, or from any of the absent permanent members. They shall hold their connection with the association until the close of the annual session at which they are received; and shall be entitled to participate in all its affairs, as in the case of delegates.

The Permanent Members shall consist of all those who have served in the capacity of delegates, and of such other members as may receive the appointment by unanimous vote.

Permanent members shall at all times be entitled to attend the meetings, and participate in the affairs of the association, so long as they shall continue to conform to its regulations; and when not in attendance, they shall be authorized to grant letters of introduction to reputable practitioners of medicine residing in their vicinity, who may wish to participate in the business of the meetings, as provided for members by invitation.

Every member elect, prior to the permanent organization of the annual meeting, or before voting on any question after the meeting has been organized, must sign these regulations, inscribing his name and address in full, specifying in what capacity he attends, and, if a delegate, the title of the institution from which he has received his appointment.

III. MEETINGS.

The regular meetings of the Association shall be held annually, and commence on the second Tuesday of May. The place of meeting shall never be the same for any two years in succession, and shall be determined for each next succeeding year by vote of the Association.

IV. OFFICERS.

The officers of the Association shall be a President, four Vice Presidents, two Secretaries, and a Treasurer. They shall be nominated by a special committee of one member from each state represented at the meeting, and shall be elected by vote on a general ticket. Each officer shall hold his appointment for one year, and until another is elected to succeed him.

The President shall preside at the meetings, preserve order and decorum in debate, give a casting vote when necessary, and perform all the other duties that custom and parliamentary usage may require.

The Vice Presidents, when called upon, shall assist the President in the performance of his duties, and, during the absence, or at the request of the president, one of them shall officiate in his place.

The Secretaries shall record the minutes, and authenticate the proceedings, give due notice of the time and place of each next ensuing annual meeting, and serve as members of the Committee on Publication. The Secretary first in nomination shall also preserve the archives and unpublished transactions of the Association.

The Treasurer shall have the immediate charge and management

of the funds and property of the Association. He shall be a member of the Committee on Publication, to which committee he shall give bonds for the safe keeping, and proper use, and disposal of his trust. And through the same committee he shall present his accounts, duly authenticated, at every regular meeting.

V. STANDING COMMITTEES.

The following Standing Committees, each composed of seven members, shall be organized at every annual meeting, for preparing, arranging, and expediting business for each next ensuing year, and for carrying into effect the orders of the Association not otherwise assigned—namely, a Committee on Arrangements, a Committee on Medical Sciences, a Committee on Practical Medicine, a Committee on Surgery, a Committee on Obstetrics, a Committee on Medical Education, a Committee on Medical Literature, and a Committee on Publication.

The Committee on Arrangements shall, if no sufficient reasons prevent, be mainly composed of members residing in the place at which the Association is to hold its next annual meeting; and shall be required to provide suitable accommodations for the meeting, to verify and report upon the credentials of membership, to receive and announce all essays and memoirs voluntarily communicated, either by members of the Association, or by others through them, and to determine the order in which such papers are to be read and considered.

The Committee on Medical Sciences shall prepare an annual report on the progress of Medical Sciences in America, noticing, as occasion may require, the more important improvements and discoveries in Anatomy, Physiology, Hygiène, General Pathology and Therapeutics, Medical Jurisprudence, Materia Medica, and other branches of natural science, bearing directly on the condition and progress of medical knowledge in America, during the year of their service.

The Committee on Practical Medicine shall prepare an annual report on the more important improvements effected in this country in the management of individual diseases; and on the progress of epidemics: referring, as occasion requires, to medical topography, and to the character of prevailing diseases in special localities, or in the United States generally, during the term of their service.

The Committee on Surgery shall prepare an annual report on all the important improvements in the management of surgical diseases effected in America during the year.

The Committee on Obstetrics shall prepare an annual report on all the important improvements in the Obstetric Art, and in the management of diseases peculiar to women and children, effected in America during the year.

The Committee on Medical Education shall prepare an annual report on the general condition of medical education in the United States, in comparison with the state of medical education in other enlightened nations; noticing, as occasion may call for, the courses of instruction, the practical requirements for graduation, the modes

of examination for conferring degrees, and the reputed number of pupils and of graduates at the several medical institutions in the United States, during the year:—noticing also the requirements of the United States Army and Navy Boards of Medical Examiners, the legal requirements exacted of medical practitioners in our several states, and all such measures, prospective or established, in reference to medical education and the reputable standing of the profession, as may be deemed worthy of special consideration.

The Committee on Medical Literature shall prepare an annual report on the general character of the periodical medical publications of the United States, in reference to the more important articles therein presented to the Profession, on original American medical publications, on medical compilations and compends by American writers, on American reprints of foreign medical works, and on all such measures as may be deemed advisable for encouraging and maintaining a national literature of our own.

The Committee on Publication, of which the Secretaries and Treasurer must constitute a part, shall have charge of preparing for the press, and of publishing and distributing such of the proceedings, transactions and memoirs of the Association, as may be ordered to be published. The six members of this committee, who have not the immediate management of the funds, shall also in their own names as agents for the Association, hold the bond of the Treasurer for the faithful execution of his office, and shall annually audit and authenticate his accounts, and present a statement of the same in the annual report of the committee; which report shall also specify the character and cost of the publications of the Association during the year, the number of copies still at the disposal of the meeting, the funds on hand for further operations, and the probable amount of the Assessment to be laid on each member of the Association for covering its annual expenditures.

VI. FUNDS AND APPROPRIATIONS.

Funds shall be raised by the Association for meeting its current expenses and awards from year to year; but never with the view of creating a permanent income from investments. Funds may be obtained by an equal assessment of not more than three dollars annually on each of the members; by individual voluntary contributions for specific objects; and by the sale and disposal of publications, or of works prepared for publication.

The funds may be appropriated for defraying the expenses of the annual meetings; for publishing the proceedings, memoirs, and transactions of the association; for enabling the standing committees to fulfil their respective duties, conduct their correspondence, and procure the materials necessary for the completion of their stated annual reports; for the encouragement of scientific investigations, by prizes and awards of merit; and for defraying the expenses incidental to specific investigations under the instruction of the association, where such investigations have been accompanied with an order on the treasurer to supply the funds necessary for carrying them into effect.

VII. PROVISION FOR AMENDMENTS.

No amendment or alteration shall be made in any of these articles, except at the annual meeting next subsequent to that at which such amendment or alteration may have been proposed ; and then only by the voice of three-fourths of all the members in attendance.

And, in acknowledgement of having adopted the foregoing propositions, and of our willingness to abide by them, and use our endeavours to carry into effect the objects of this association, as above set forth,—we have hereunto affixed our names.

NAMES OF MEMBERS. | RESIDENCE. | INSTITUTIONS REPRESENTED.

In connection with the foregoing “Plan of Organization,” the committee beg leave further to report the following as one of the ordinances, or by-laws of the proposed association, viz :

THE ORDER OF BUSINESS.

The order of business at the annual meetings of the American Medical Association shall at all times be subject to the vote of three-fourths of all the members in attendance ; and until permanently altered, except when for a time suspended, it shall be as follows, viz :

1. The temporary organization of the meeting preparatory to the election of officers.
2. The report of the Committee of Arrangements on the credentials of members ; after the latter have registered their names and addresses, and the titles of the institutions which they represent.
3. The calling of the roll.
4. The election of officers.
5. The reading of minutes.
6. The reception of members not present at the opening of the meeting, and the reading of notes from absentees.
7. The reception of members by invitation.
8. The reading and consideration of the stated annual reports from the standing committees.
9. The selection of the next place of annual meeting.
10. The new appointments to fill the standing committees.
11. The choice of permanent members by vote.
12. Resolutions introducing new business, and instructions to the permanent committees.
13. The reading and discussion of voluntary communications introduced through the committee on arrangements.
14. Unfinished and miscellaneous business.
15. Adjournment.

Before bringing this report to a close, the committee beg leave to remark, that in preparing the foregoing “plan of organization,” and “ordinance” accompanying it, they have constantly had in view, as worthy of imitation, the plan of organization and order of business adopted without any previous concert of action, by the Medical Convention of 1846.

The plan here presented, differs from the mode of organization

adopted by the late Convention, principally in such points as are necessary to give permanency and influence to the proposed association. It is believed to be sufficiently simple and at the same time sufficiently comprehensive and practicable, for organizing the whole of the Medical Profession of the United States into a permanent body; and for carrying into effect all the objects contemplated in the formation of a National Medical Association.

All of which is respectfully submitted.

JOHN WATSON,
JOHN STEARNS,
F. CAMPBELL STEWART,
ALFRED STILLÉ,
N. S. DAVIS,
E. D. JENNER, (by the Chairman.)

Cases observed by S. HENRY DICKSON, M. D., Prof. Instit. and Pract. Med. Col. State So. Ca.—The habit of keeping a case-book is one which should be recommended to every physician commencing practice. Such a record is advantageous to himself, in a great diversity of modes, and may be made interesting and instructive to others. A *fact* clearly stated can scarcely fail to possess some importance, absolute or relative. On looking back upon a collection of professional memoranda, I have thought an occasional extract might, at least, entertain, for a moment, the readers of the Southern Journal of Medicine, &c., and offer for publication the following, among the first which presented themselves on turning over the leaves.

1. *Hydrophobia*.—On the 5th February, 1840, I was desired to visit Julius, a black boy, three years of age, belonging to Mrs. M. He had been sick since the evening of the day before; had complained of pain in his head and stomach; had taken a purgative and voided a worm, (*lumbricus*.) His skin was cool; his pulse very frequent; his lips slightly livid; his tongue of natural appearance. His eye was wild; his countenance anxious; and he sighed and sobbed a good deal; he said his head and stomach hurt him, but not much.

Confessing that I did not clearly comprehend the case, I advised that he should be put into the warm bath, and a mustard poultice afterwards applied over the abdomen, and prepared for him a mixture of carb. potass. with tinct. opii. camph. This was in the afternoon.

Next morning, (6th,) his mistress who had attended to him assiduously, mentioned that there was something very peculiar in his manner of taking his medicine, which alarmed her; and stated that he had been, some months before, bitten by a dog. On looking at his arm, we found the scars, four in number, quite noticeable, projecting slightly. His pulse was now feeble, and even more frequent than yesterday; he shewed incessant fear of something undefined, and an anxious desire of change of place, throwing his limbs about carelessly and irregularly, in a manner resembling the movements in chorea;

the skin was cold; the lips livid; the eye staring, and the pupil so widely dilated that the iris seemed a mere ring.

I blew suddenly upon his cheek, and was startled by the horrid convulsion into which he was thrown—indeed, it seemed likely to prove immediately fatal. A few drops of water, sprinkled on him, produced a similar effect. He was dreadfully agitated at the sight of water, and refused to drink anything. His breathing was little more than a mere succession of sobs. He still walked, though with a staggering step and great debility.

A few hours elapsing, he became thirsty, and asked for water, which he grasped at with frantic eagerness, throwing his arms about; he succeeded in swallowing some of it, in spite of the violent spasm brought on by the attempt, menacing prompt suffocation. Indeed, he now seemed more convulsed when a puff of air was blown at him, or a few drops of water sprinkled on him, than when he made the effort to drink. Terror was strongly depicted in his countenance; his muscles were scarcely a moment at rest; he became very loquacious, complaining of headache and great thirst, and often calling for water. He died in the evening, having been ill about fifty-four hours.

A post-mortem examination shewed the membranes of the brain much injected, while the cerebral substance had undergone almost no change in appearance. There was nothing of morbid alteration discoverable in the viscera of the thorax or abdomen. There was well-marked subcutaneous inflammation beneath and around the scars on his arm, left by the bite from which he suffered.

This case is instructive, from the age and condition of the subject. The phenomena were purely physical, and, of necessity, free from any intermixture of imaginative conditions. The dog which inflicted the wounds had not been thought diseased, but was killed on the spot, as a worthless little animal, by his owner, whom he vexed by attacking him also. The wounds were very slight, and healed quickly, having excited no apprehension whatever. The occurrence took place in the September previous—an interval of between four and five months separating the injury from its fatal consequences.

The most impressive symptom here was the super-sensitiveness of the cutaneous surface. This was, in degree, extreme, and singularly characteristic, as it seemed most readily to respond to the impulse of atmospheric air set in motion. A sudden touch would, indeed, startle the patient, and the attempt to swallow would threaten suffocation; but, a puff of breath from the mouth, or the sensation communicated by waving the hand towards him, would bring on spasm and convulsion.

This peculiar symptom presented itself also, very strikingly, in a second case, which I saw some months after, with Dr. Bellinger. His patient, too, was young and unimagined—a fine, intelligent boy, of about 11 years of age, son of respectable Irish parents. He died in August, having been bitten in April; never suspecting, so far as I am aware, any connection between his attack and the injury re-

ceived so long before. The whole history of this case, indeed, strongly resembled that of which I have above given a brief statement.

2. *Bifid Vagina*.—Mrs. — came to the city, 1839, to consult me. She has been two years married—has always suffered from irregular and scanty menstruation; it is but a few months since she has become aware of the existence of some genital malformation. The vagina is divided—neither longitudinally, nor transversely, but obliquely—by a membranous partition. Both tubes are long and narrow. Coition is difficult, particularly if the right (and somewhat anterior) opening be entered. The left, which is obliquely posterior, leads to the uterus, the os tinæ presenting; the right conducts to the side of the uterus in which the membranous partition loses itself; the cul de sac is not to be reached by the finger; a long probe or bougie may pass up six inches or more, but gives pain, and, when withdrawn, is coated with bloody mucus. The dividing membrane lies in loose folds; is smooth and well lubricated; projects slightly between the labia. It possesses very little sensibility.

3. *Obliteration of the Vagina*.—I have seen three instances of this condition of the female parts. One was in an old African woman, who could give no history of the affair at all. She had, strangely enough, a stone in the bladder, the irritation of which gave the first occasion for discovering the fact. There was a very small opening, just sufficient to allow the insertion of a probe, which it was necessary to introduce frequently, to remove small urinary concretions or calculi, which presented themselves. She was upwards of ninety years old when I first saw her, and lived to be near a hundred—and, of course, as she was always relieved by the probe, was not a subject for lithotomy.

The second was in an old lady, often attacked by suppression of urine, but free from any calculous deposit. The labia had, in this case, as in the preceding, united so perfectly that there was not left any trace of a vulva, except a mere elevated ridge—a sort of raphe—in the perineum. The opening which communicated with the bladder only admitted a probe or very small bougie. She had suffered from difficult labor, in which the parts had undergone much injury, from unskilful handling, followed by long and severe inflammation.

The third was a most unfortunate instance, resulting, in a beautiful young married woman, from inflammation of the womb and its appendages, after a protracted first labour. The obstruction here occurred about an inch and a half within the vagina, and was exceedingly firm and unyielding to the touch, seeming fibro-cartilaginous. I advised waiting till menstruation should be attempted, in the hope that the projection of some portion of the obstructing tissue might direct where an opening could be made with safety. But, although there are sufficient reasons to believe that the ovaria did not partake in the disorganization and derangement inflicted, yet years have elapsed without any such effort as I have alluded to.—*Southern Journ. of Med. and Pharm.*

Pharmaceutical Notices. By WILLIAM PROCTER, JR.

Donovan's Solution.—The formula for Donovan's solution, as published by its author, and of which a copy is found in the United States Dispensatory, presents so complex an appearance in the way of fractions of a grain, that many apothecaries, not possessed of a delicate balance and weights are deterred from making it.

Another objection is, that a loss of iodine is occasioned by the exposure rendered necessary during the trituration of the three elements with the alcohol during the time that elapses before the combination is effected. The mercury rapidly acquires its dose of iodine, whilst the arsenic, which combines less readily, is liable to all the deficiency occasioned by vaporization. That this occurs is evident from a small quantity of arsenic left undissolved by the distilled water. The proportions in Donovan's formula are 6.08 grains of arsenic, 14.82 grains of mercury, and 49 grains of iodine, which are not exactly in atomic relation. In order that the preparation should be composed of one equivalent of each iodide, the numbers should be 5.5 arsenic, 14.82 mercury, 46.09 iodine, so that there is one-tenth of an equivalent of the arsenical iodide in excess. It is hardly probable that any sensible variation would be observable in the medicinal action of the solution if the iodides were used in equivalent proportion; and as their combining number is the same, the preparation of the solution may be much simplified.

The aggregate of the solid contents of half a pint of Donovan's solution is 70 grains, which is composed of $33\frac{1}{2}$ grains of biniodide of mercury and $36\frac{2}{3}$ grains of sesqui-iodide of arsenic. If the formula was made to require 35 grains of each iodide, and half a pint of water, it would be greatly simplified, and could be made extemporaneously. The addition of hydriodic acid to the solution is unnecessary in this case, and its design in the formula of Donovan is doubtless to supply any deficiency due to loss of iodine in the operation.

The following formula, closely resembling that of Donovan in the proportions, avoids the fractions of a grain:

Take of Sesqui-iodide of arsenic, 36 grs.:

“ Biniodide of mercury, 34 “

“ Distilled water, half a pint.

Triturate the two iodides with half an ounce of the water until they combine and dissolve, and then add the rest of the water, and filter.

The sesqui-iodide of arsenic is easily prepared. One part of metallic arsenic is reduced to an impalpable powder, intimately mixed with five parts of iodine by trituration, then introduced into a small flask or thin vial, and the mixture very gently heated until liquefaction occurs. The vessel should be nearly full, so as to prevent the formation of much iodine vapour, and enable the operator to bring the fused iodide in contact with all parts of it, and include any iodine that may have sublimed on the sides. If, on cooling, the contents of the vial assume a reddish yellow colour and crystallize on the sides of the vial, and no iodine odour is apparent, the operation is finished. The vessel is then fractured and the iodide removed.

If the arsenic and iodine are pure, and the process skilfully conducted, nearly the whole of the arsenic is combined, and the compound is quite pure enough for making Donovan's solution without sublimation.

The metallic arsenic should be bright and lustrous, and the iodine crystallized and free from water. The ordinary cobalt or fly stone, which is metallic arsenic, is often pure enough for pharmaceutical use.

Atropia.—The activity of good extract of belladonna, leaves little to desire on the part of the practitioner in the internal exhibition of this drug, the dose being quite small, yet in its external application, with a view to the dilatation of the pupil of the eye, or as an application in neuralgia, the extract is so disagreeable an application that several European surgeons have sought to avoid the staining effect on the skin by resorting to the active principle, atropia, in an isolated condition. In the February number of the *Journal de Pharmacie et de Chimie*, it is stated that "among the new remedies employed by M. Berard in the treatment of diseases of the eye, *atropia* should be placed in the first rank. This alkaloid, which can now be obtained from some pharmaceutists, possesses some incontestable advantages in certain cases over belladonna itself.

"The greatest of these advantages is certainly the extreme rapidity with which it affects the dilatation of the pupil even in very minute quantity, as for instance by a solution containing one grain in one hundred grains of distilled water.

"Another advantage appreciated by the patient is the fact that the use of atropia avoids all the smearing and staining of the face, so characteristic of the ordinary mode of applying the extract; and which creates so great a repugnance to its use."

According to the Dublin Quarterly Journal (November, 1845, page 553,) "Dr. Wilde of that city employs the solution of atropia of these strengths:

No. 1. Atropia grs. j. distilled water f.℥j. diluted alcohol gtts. iij.

No. 2. Atropia grs. ij. distilled water f.℥j. diluted alcohol gtts. iij.

No. 3. Atropia grs. iij. distilled water f.℥j. diluted alcohol gtts. iij.

The alkaloid is rendered soluble by a drop of nitric acid, and the spirit is added to make the solution keep.

A single drop of No. 1 placed on the conjunctiva of the lower lid causes dilatation of the pupil in a healthy eye in from five to fifteen minutes."

The best process yet published for atropia is that of Mein, noticed in the United States Dispensatory, and in which the root is the subject of treatment with alcohol, lime, etc. As we cannot get belladonna root here, the only available source is the best extract, which, independent of the large amount of inert matter to get rid of, is too expensive to be employed with that view. Those who incline to make the experiment, however, may proceed by treating the extract with warm water until all the soluble portion is dissolved, filtering out the

chlorophylle and albumen, evaporating the solution to a syrup, dissolving this in alcohol, and filtering, if necessary, and then proceeding as in Mein's process with lime, acid, etc.

Belladonna leaves contain a large quantity of dark colouring matter, which renders the recent juice claret coloured, and is the chief cause of the staining. A solution of extract of belladonna precipitated with subacetate of lead, the excess of lead carefully with sulphuric acid, and the solution filtered from the sulphate of lead, carefully evaporated to four times the weight of the extract, no doubt would answer all the purposes of the solution of atropia.

Syrup of Orange Peel.—Those who are in the habit of preparing the syrup of orange peel according to the United States Pharmacopœia, know that it is strongly disposed to fermentation, and rapidly loses its agreeable qualities in warm weather. When made by the following formula it is more aromatic and preserves readily.

Two ounces of the recently dried peel of the sweet orange is reduced to powder and lixiviated with a mixture of two parts of alcohol and one of water, until six fluid ounces are obtained. This tincture is then poured over and mixed well with 32 ounces (av.) of sugar in coarse powder, and spread on paper until the alcohol has evaporated. When this is accomplished, the aromatized sugar is made into syrup with 16 fluid ounces of water, merely carrying the heat to ebullition in a covered vessel, straining and bottling hot. Prepared in this way, syrup of orange peel has a fine amber colour, and the orange taste in a marked degree.—*Am. Journ. of Pharm.*

A brief notice of a highly Malignant Disease.—By B. H. PEARSON, M. D., of Powelton, Ga.—Dec. 5, 1846, was called to see Green, a boy about 13 years of age, belonging to the Rev. Mr. ——. On or about the 1st of October he had a slight attack of fever, from which he gradually recovered under domestic prescriptions, so as to be able to resume his work on the plantation. He seemed, however, not to recover strength, but appeared weaker every day, until he finally left off work again, although still not confined to the house. He complained of great prostration and want of appetite. This, his master attributed to his having over-strained himself in carrying home his cotton, being extremely active, and picking more cotton than he could well carry; and for which he prescribed an occasional dose of Cook's pills, and tartar emetic ointment to the spinal column. I found him greatly emaciated; pulse extremely feeble, 175, rather irregular; the sounds of the heart were very weak, yet natural; respiration was feeble; no abnormal sounds; there was slight cough, with frothy expectoration in small quantities; appetite much impaired; bowels a little loose; stools dark; slight tenderness of the lower cervical vertebræ. Prescribe blue mass gr. j. at night, cups over the cervical vertebræ, and an easily assimilating diet.

9th.—Green says he is better, which continued to be his answer, when asked how he was, until the day of his death. A careful ex-

amination showed *slight* dulness under the left clavicle; bowels natural; no other change in the symptoms. Upon enquiry, I find he descended from syphilitic parentage, his grandfather, on his mother's side, having had that disease; and also that most of the male children from the same descent died in infancy. Prescribe hydriodate of potash grs. ijss. three times a-day, which was gradually increased to grs. iv. This was persevered in for about three weeks, when, seeing no improvement, but rather a gradual increase of his cough and his weakness, a resort was had to tonics, quinine, and stimulating expectorants, but with no benefit except relieving his cough a little at night.

Feb. 14th.—A neighbouring physician was called in, who pronounced his disease to depend on torpidity of the nutritive system. Prescribed hydriodate of potash grs. iij. three times a-day, under which prescription he remained until his death, which took place the last of February, being confined to his bed but three or four days before he died. He complained of no pain except a neuralgic affection of his knees for about a fortnight, and soreness of his hips from lying in bed. His bowels remained natural to the last.

Post mortem examination fifteen hours after death. Body extremely emaciated. Upon laying open the cavity of the thorax, the left pleura was found adherent throughout its whole extent; the heart and lung upon this side was perfectly studded with tubercles, of a cheese-like consistency, about the size of small buck-shot; the right lung was tuberculous, but not to the same extent as the left; a few tubercles on the upper surface of the liver, otherwise it was tolerably healthy; the spleen and peritoneum were equally affected; the pancreas, stomach and bowels healthy.

This case is given as an example of several occurring in the same family, four of whom have died, one is now at the point of death, and the disease seems to be extending to other families. I have not had an opportunity of seeing those sick in other families yet, but doubt not from the description of the symptoms that they are affected in the same way.

Thus far every one who has been attacked has died in a time varying from five weeks to four months—their symptoms varying in some particulars. One's bowels were badly affected for several weeks before death. In another, a large vomica bursted, and considerable matter was coughed up on the day preceding her death, which was probably the immediate cause of it. They all seemed to be taken sick by surprise, and died thinking they were getting well, except the mother of the family, who lived but five weeks after she first began to complain, and but two after she first felt sick enough to take to her bed, and she supposed she was "tricked."

Dr. Terrel, of Sparta, recommends the use of iodine to the remaining members of the family, as the only means of preventing the extension of the disease. Possibly it might be of service if used in season. But the probability is, that the disease may be advanced to an incurable state before the first symptoms appear,—and besides it

is so insidious in its approach, that it is some time before the patient knows the nature of the attack. A disease similar to this prevailed some years ago in Maj. ———'s family, of Wilkes county, and between twenty and thirty died. I hear also it is prevailing in Tennessee, to an alarming extent in some neighbourhoods.—*Southern Med. and Surg. Journ.*

Ship Fever.—Both Journals of Medicine and the newspapers, generally, are bringing frightful intelligence of the extension of ship fever in Europe, and all the Atlantic ports, north of Philadelphia, in this country. Vessels are continually arriving here with vast multitudes of miserable human beings, from famine-stricken Ireland, who were both physically and morally enfeebled before commencing a voyage which disease tracks across the ocean with an unerring certainty. Complaints are made that the ship fever is by no means confined to the emigrant vessels, but that it appears on shore, clinging to the Irish emigrant, and breaking him down even far in the country, after he has escaped from the confinement of a ship hold. This is true to a degree; but had these thoughtless, head-strong, imprudent people one ray of discretion when they get on land, their sufferings would be less than they are. Cases of ship fever would be fewer in number, and less severe in character, were the emigrants influenced by the advice urged upon them by kind-hearted, benevolent physicians and others. Soon after leaving the vessel, however good their condition at the time, they seize with ravenous avidity upon every possible variety of edible that comes within their reach, to say nothing of drinks—and the result is a sudden engorgement of the stomach. Nature seeks relief from this plethora, in some instances by a diarrhœa; in others, a peculiar state of the system is induced, remarkable for the turbulence of the blood, which seems to boil and foam in the vessels—and this is ship fever, with all its bad concomitants.

Bad food, and the huddling together of men, women and children in the hold of a ship for weeks, engender the disease which is brought to our shores. When those who have escaped the action of a poisoned atmosphere between decks, afterwards sicken on land, exhibiting the same degree of intensity in the symptoms, the disease is brought on, in a majority of cases, as already remarked, by the uncontrolled appetites of the victims to the malady.

A constant professional intercourse with multitudes of Irish emigrants, who arrive in the port of Boston, furnishes opportunities for witnessing ship fever in all its phases. The only efficient remedy, certainly the first source of relief, is a fresh atmospheric exposure. It is delightful to contemplate the changes effected by this simple process. Very little medication is required in the management of patients from sea. Of the kind of treatment most satisfactory with the other class, those sickening from over-eating, and other irregularities, there may be a variety of opinions. The disease terminates fatally, very quickly, at sea; but the worst forms, on being removed

to cool, airy apartments on shore, are at once ameliorated, unless the low, muttering delirium exists. Under such circumstances, a recovery is exceedingly doubtful. Petæchial spots, referred to by foreign authors, have in no instance, thus far, been observed on those dying here.

Next—is the disease infectious? Does it re-produce itself in persons exposed to the emanations from those labouring under it? These are questions seriously agitated by the mass of the people. Many persons consider that it is not thus propagated, but that it is only generated in the manner represented in these observations. Fatigue, debility, a tainted atmosphere, or badly-ventilated apartments, together with direct exposure to those in the advanced stages of the fever, without doubt, may produce it. Hence, cases are perpetually occurring in public institutions, where foreign paupers are admitted, and in narrow streets, and old decaying tenements where emigrants congregate on reaching the city. The views of correspondents on this engrossing topic are solicited, since the public health should not be neglected by medical practitioners.—*Boston Med. and Surg. Journ.*

A few Remarks on Phthisis, and on its Physiological Treatment. By M. BOUCHARDAT. Translated for the Medical Times by ALFRED MARKWICK, Esq., Surgeon to the Western German Dispensary, and formerly Externe to the Venereal Hospital, Paris, &c.—The anatomical doctrine which prevails at the present day has, in more than one instance, substituted facts for errors; it has, in more than one disease, replaced bad therapeutics by a rational and efficacious mode of treatment, and has more than once, by pointing out to us the fallacy of science being already perfected, contributed to delay the period of useful and fruitful research. In pulmonary phthisis, in particular, the true nature of the disease consists, in the opinion of all our anatomico-pathological writers, in the specific alteration of the lungs; and it may be observed from its commencement, and followed throughout all its stages. This opinion being adopted, the origin of the disease is considered to be a specific irritation of the organ; and upon this supposition, medical men direct their treatment against the local affection, and torment their patients by the local application of leeches, cauteries, and moxas!

This opinion on the nature of pulmonary consumption is one of the worst that can be formed; the reality is not sought for, but a vain fancy followed, and the disease itself allowed to increase daily in severity, and at length to become incurable, without any useful means being resorted to oppose it.

I am about to defend an opinion which is to lead to quite a different mode of treatment, but which will often present, in its application, numerous difficulties, and require special researches to be made.

According to a careful microscopical examination, and a complete chemical analysis, the results of which I intend to publish elsewhere, it appears that tubercle is formed by the reunion of *particula*

globules which have no existence in the animal economy in the healthy state. These particular globules become developed spontaneously in the bodies of animals that are placed under certain circumstances which will presently be more particularly alluded to. These globules unite and coalesce, and become destroyed by giving rise to secondary products, and to fresh organized globules; they invade every organ, but more particularly the more susceptible ones—those, in fact, of the most *delicate* structure, such, for instance, as the lungs.

If this opinion be admitted *à priori*, and its value is proved by subsequent experience, we are then naturally led to inquire after the cause or causes which place the animal economy in such a condition that the tubercular globule becomes spontaneously developed. If we are fortunate enough to discover the cause or causes, then all doubts as to the treatment ceases; it becomes then truly physiological.

The majority of those physicians who at the present day adopt an opinion analogous to the one I have just expressed on the nature of the tubercular affection will reply without hesitation. But the true cause of the disease is a particular *diathesis*; and to them, this word *diathesis* is something mysterious—something inaccessible to our researches. This habit of being contented with words is but too common in pathology, and is almost as dangerous as being in error.

If we apply this method to the study of phthisis, we at once find that the tubercular globule becomes developed in individuals that are reduced either by bad nourishment, or by the excessive, continued, and unrepaired loss of some fluid essential to the animal economy, such as the lymph and serum, from too abundant suppurations, or the spermatic fluid from venereal excesses, &c.

It will be perceived that the causes of debility which may bring about the spontaneous evolution of the tubercular globule are both complex and numerous. I shall not now attempt to touch upon all parts of this problem, which, indeed, is beyond my capabilities; but shall merely take a case that has fallen under my own observation, and follow, with regard to it, the plan I have described; the case in question is one of tubercular affection occurring in a diabetic patient.

On the connection which exists between Diabetes and the Tubercular Disease.

In all my writings on diabetes, I have alluded to the tubercular complication which has been very justly insisted on by several authors. In all the diabetic patients comprised in the first series of cases, on whom a *post-mortem* examination was made, and who did not die from any intercurrent accident, tubercles were found in the lungs.

I am convinced that many tubercular affections have originated in slight attack of diabetes which has been overlooked, and I cannot too strongly recommend medical men to carefully examine the urine of patients threatened with phthisis. By adhering to the rules I laid

down when speaking of "the means of detecting the presence of starch sugar in urine, and of measuring its quantity;" it is possible in many cases to ward off or arrest an affection which is so difficult to be overcome when once it has manifested itself. I will not quit this interesting subject, of the affinity between diabetes and the tubercular disease, without making a few remarks, the truth of which must eventually be proved in practice.

In the majority of cases, the truly positive ætiology of pulmonary phthisis is still enveloped in great obscurity. Of late years some very exact researches have been made which have been the means of proving, with great certainty, the existence of tubercles when they are present in the lungs. The Parisian school has brought the methods of percussion and auscultation to the utmost perfection. One may almost foretell the alterations that will be found on *post-mortem* examination. This part of the science, the results of which act on the minds of students, has been cultivated with so much spirit that *physiological ætiology*, which alone can lead to a rational and really effectual mode of treatment, has, in consequence, been perhaps a little too much neglected. It is, no doubt, useful to be able to detect, either by the aid of instruments or by our own improved senses, those lesions which would escape a less practised ear; still it is of far greater importance to prevent them, and to stop, if possible, their progress.

The excellent understanding of a great number of celebrated physicians of our time has led them to abandon the uncertain doctrines of our predecessors, and to introduce into medicine the positive methods of the other sciences of observation. Great perseverance has been employed, not only to determine the physical alterations of the diseased organs or tissues, but also to find out the nature of these hidden alterations by means of a strict diagnosis; but, being unable to introduce into the research after the *true* causes this precision, the study of the nature of diseases has been repeatedly declared of but little importance, and those investigations which, in my opinion, can alone lead to a satisfactory mode of treatment, have been neglected. I am aware that these investigations are difficult, and that more than one false step has been made in this direction; but within the last fifty years sufficient progress has been made in both physics and chemistry to enable us to foresee the time when we shall be able to unravel the mysteries of many of the organic phenomena which have hitherto been considered as unfathomable. Medicine will never assume a truly scientific and exact character until, aided by physics and chemistry, it possesses positive data respecting the nature of diseases.

We will now attempt to handle the very difficult question of the physiological ætiology of the tubercular affection, and will proceed, as in the exact sciences, from the known to the unknown. We commence with the following principle, which may be considered as a law of pathology, viz:—

"When a patient, labouring under diabetes dies slowly from the constant progress of the disease without the occurrence of any other accident, tubercles are invariably found in the lungs after death."

Here, then, are individuals with sound lungs, in whom the development of tubercles may be foretold. Therefore, as we now know the nature of diabetes, we may, for this particular case, arrive at a positive ætiology of the tubercular affection.

In what does a diabetic patient chiefly differ from a man in health? More particularly in this, that in the healthy person, the feculent food dissolved in the digestive apparatus, and carried slowly into the circulation, is there completely consumed, no trace of it being afterwards found either in the fæces or in the urine; whereas, in the diabetic, the feculents, rapidly converted into glucose in the stomach, are immediately absorbed; and this glucose, being in too large a proportion in the circulating apparatus to be normally destroyed, becomes eliminated by the kidneys. Hence there are three important circumstances which distinguish the diabetic from the healthy individual, viz.:—1, the perversion of the functions of the stomach, causing a rapid solution of the feculents; 2, the existence of a large quantity of glucose in the blood; 3, great activity of the secreting organs of the urine to get rid of the glucose. Important consequences proceed from these differences.

The active powers of the digestive organs, and the secreting apparatus of the urine, are uselessly employed for the support and repair of the animal economy. The nature of the transformations which the nutritive fluid is continually undergoing is modified by the presence of a considerable proportion of glucose in the blood. The food dissolved in the digestive apparatus being no longer usefully employed, the patient is supported at the expense of himself; hence the emaciation and wasting, with all its results. Now, the necessary effect of this anomalous condition is the spontaneous production, and the localization in the lungs, of tubercular globules, which eventually, by their successive agglomeration, invade this organ and prevent its important functions.

The causes of the spontaneous evolution of tubercles for this particular condition are thus clearly established:—

1. Perversion in the digestion of feculents.
2. Presence in the blood of a variable proportion of glucose.
3. Elimination of the glucose by the kidneys.
4. Replacing the glucose eliminated, by the slow destruction of the fundamental principles of the blood, the muscles, and the other organs.

May not analogous circumstances be met with in the different conditions under which tubercles become developed in the lungs or in other organs?

Apart from these cases, in which tubercles are developed as the result of the perversion in the digestion of feculents, can we not easily understand that other perversions in the important function of nutrition may cause the development of the tubercular affection? I hope, when our great work on digestion is completed, to be able to return to the nature of these perversions, which may be suspected after what we have published. I think, therefore, it would be of the greatest

importance to make some careful and accurate investigations into the manner in which the digestion and the assimilation of the different aliments takes place in persons in whom phthisis has just commenced or who are threatened with this disease. We should then establish an equation, as I have done with respect to diabetes; the food and drink would form its first term, and the principles contained in the fæces, the urine, and the other products of secretion or otherwise, the nature and quantity of which could be appreciated, the second. These investigations would lead to results equally precise with those I have obtained in diabetes. We may resume the contents of this paper in the following propositions:—

1. The cause of the development of tubercles in the lungs of diabetes is a defect in nutrition and assimilation.

2. The tubercular affection has its origin, much more frequently than is imagined, in a defect in nutrition and assimilation, which cannot be known, and which can only be remedied by establishing an exact balance between the *ingesta* and the *excreta*.

3. It likewise originates in the excessive, continued, and unrestrained losses of fluids that are essential to the economy.

4. When a patient becomes emaciated it is important to ascertain as soon as possible the cause of the emaciation, and to remedy it; we should thus alter the conditions which give rise to the spontaneous evolution of the tubercular globules.—*Lond. Med. Times.*

A case of Enlargement of the Thyroid Gland, treated by Seton.
By HENRY KENNEDY, M. D.—In November, 1845, a woman, aged 35, applied to me on account of an enlarged thyroid gland. She had been married nine years, and had four children; she has lived of late years in Dublin, and has always been healthy in every respect, excepting the disease she applied about. The gland had begun to enlarge so far back as the year 1832, thirteen years before my seeing her. At first it had increased very slowly; but the last year or so, she said, it grew more rapidly. When I saw it the tumour was at least the size of the largest orange; it was very hard to the touch, as if it were solid, but was divided into two portions, of which that on the right side was much the largest; it did not vary in size at the menstrual periods. It was not, however, on account of the bulk of the tumour, for in that respect there was nothing remarkable, that the patient applied for relief, but because it had affected her swallowing from a very early stage of its growth; and this symptom had latterly become much more distressing: solids were more difficult to get down than fluids, as might be expected. She referred the obstruction to the seat of the tumour. She told me she had shown it to other medical men, but she considered it still increasing. I ascertained that iodine had lately been used, both internally and externally for some weeks.

Under all the circumstances of the case, the tumour and dysphagia on the increase, and iodine having got a full trial, I determined on some more decided line of treatment, the more readily as the patient

herself was most anxious that something should be done. The plan by seton seemed to hold out the best prospect of success, and it was carried into effect, having previously brought the health to the best condition. The first seton was passed on the 30th of November, 1845. A common curved needle of the largest size, with its eye nearly full of double silk thread, was passed from below directly upwards, through the anterior portion of the tumour, about half an inch from the middle line of the neck, and including a space of at least one inch and a quarter between the entrance and exit of the seton. This was then fixed so as to prevent its slipping out, and the patient was desired to keep a poultice constantly applied, and also to keep her bed for two days; no unpleasant effects followed. It is enough to state here that this first seton was withdrawn at the end of ten days; that at the end of a fortnight a second one was passed; that it was double the size of the first, and its introduction was followed by a very considerable degree of constitutional irritation, which, however, subsided in about four days; suppuration then became very fully established, and the seton was withdrawn, after being in twelve days. With the exception of poulticing, nothing was done during the next four months. In this time considerable changes had taken place in all the anterior portion of the tumour, and that part of it which occupied the left side; it had become very hard, and gradually, but steadily diminished in size. The larger portion of the tumour, however, occupying the right side of the neck, remained stationary. It appeared, indeed, as if it had grown somewhat larger; but this was not certain. A third and last seton was passed through this portion of the tumour in the month of April, 1846; its direction was upwards and outwards, so as to take in the longer axis of the swelling. This seton was four times larger than the previous one; it was passed with a large packing-needle, with the edges and point properly ground. After sixteen days the seton was withdrawn, the suppuration being then very considerable. Finally, after four months more, the entire tumour had so much lessened, that it might be considered as cured. The entire process occupied between eight and nine months.

At the present time (January, 1847) the eye cannot detect any tumour, but to the touch one remains, which is probably the size of a small chestnut. There is no deformity whatever, and very trifling marks of where the setons had been passed. The patient, too, feels no difficulty of swallowing, at least none that causes any inconvenience.

As I wish here to confine myself merely to the facts of this case, I have purposely omitted the consideration of several points which might fairly admit of discussion; such as the nature of the tumour; the question of a more general use of this plan, after the more ordinary means have failed, particularly iodine; the nature of the dysphagia, as to whether it was nervous or mechanical; the causes of those enlargements, and other points connected with the subject in a general way. It is to Quadri, of Naples, that we are indebted for the plan of treatment put in force in the present case. Not being certain

of what the result of the treatment would here be, I did not take the precaution of getting a cast of the tumour when it was of large size. This, probably, is of less consequence, as the patient has been seen by several gentlemen to whom I may here refer. Dr. Clarke, of Herbert street, saw her repeatedly; he took much interest in the case, and kindly gave me his assistance. At a late stage, and after all the setons were withdrawn, the patient was seen by several physicians and surgeons of this city.—*Dub. Quar. Journ.*

Case of Softening of the Heart in a Person who was believed to have died of Starvation and Exhaustion. By B. G. DARLEY, M. D. Coolock.—On the 4th of January, 1847, I was requested by the coroner to examine the body of an elderly female, who was reported to have died of want and starvation in this neighborhood. The history of the case was shortly this: she was a poor woman, who obtained her living by wandering about from place to place, and was in the habit occasionally of stopping a day or two in the house in which she died. She had come there three days before the above date, and complained of much weakness, and was suffering, as the people in the cabin said, from “a kind of asthma.” She had some tea to drink, but eat nothing. She died on the 3rd instant, apparently from exhaustion. On opening the chest, the lungs appeared healthy, and collapsed slightly; there was no water in the pericardium, the heart was larger than natural, the auricles greatly distended and full of blood. On lifting up the apex to see the size of the heart, my fingers went through the substance of the left auricle, and this with a very slight pressure indeed; out of the rent made by my finger poured a great quantity of fluid blood which filled the pericardium; the right auricle was in the same condition, literally choked with fluid blood, and in this auricle it was of a very dark colour; but the most remarkable character was the softened state of the walls of both auricles, particularly the left; they were of the same colour and as friable as the liver, and not unlike portions of lung affected with pulmonary apoplexy. The increase size of the heart appeared chiefly made up by the great dilatation and distention of the auricles; the ventricles did not appear larger than natural; they were empty of blood, and their muscular structure was of a pale colour.

The viscera of the abdomen were generally healthy; the stomach was contracted, and nothing in it but a half pint of a dark colored fluid; the intestines in parts were occupied by the same. The omentum was destitute of fat; indeed the absence of adipose tissue throughout the whole body was remarkable.

The brain was examined, and was perfectly healthy, but particularly bloodless.

Now what was the cause of death in this case? There was no lesion of the brains, lungs, or viscera of the abdomen, and though the heart was as described, it had preserved its integrity, at least there was no solution of continuity within its walls; and this might readily have taken place, considering the softened state of the auricu-

lar tissue, had the individual lived a little longer, and the auricles had power to act on their contents; in such case death, most probably, should have been laid to the door of a diseased heart, and not as, in my opinion, the result of an altered state of the contained blood.

The coroner's jury returned a verdict, that "death was caused by want and destitution."

In a physiological point of view, I should say that insufficiency of nutritious food rendered the heart unable to expel its contents, its muscular structure, particularly that of its auricular portions, was so softened and weakened as to allow of dilatation to the greatest possible amount; the blood gradually accumulating, congestion took place, and the woman died of what we may call congestive apoplexy of the auricles of the heart. The manner this is caused by starvation is thus: the blood is rendered thin, has little or no fibrin in it; the heart, along with the general muscular system, is weakened, and unable to expel its contents; congestion takes place; its cavities, particularly the auricles, yield to pressure; and, as is the case in all muscular cavities when distended beyond a certain extent, atony supervenes, the muscular fibres no longer contract, and death is the result.

From this examination, the difficulty of breathing during life may be explained, and, had an opportunity been afforded before death, we should probably have found the pulse slow and intermitting.

This case differs from the fatty degenerations of the heart in many particulars. First, this, as we have seen, engages the auricular portions of the heart, while it is the ventricles that are generally occupied by fatty deposition; again, it is in the corpulent and the full habit that the heart is predisposed to the fatty degeneration, whilst the softened auricle will be found in the ill-fed and destitute; again, the mode of death in the former has more of an apoplectic character, whilst in the latter the spark of life ebbs out from want of sustenance and vital power. In the fatty heart, the solids are the first to suffer, whilst in the other the mischief begins in impoverishment of the fluids.

As I fear the profession in this country will have many opportunities of examining the bodies of individuals dying under similar circumstances, though the case above noticed might have occurred at any period, I think it might be interesting for medical men to give reports of their examinations, and to observe the state of the several viscera, and especially the heart, in such cases.—*Ibid.*

A Case of profuse Hæmaturia, the result of Injury, treated successfully with Gallic Acid. By JAMES S. HUGHES, F. R. C. S., Surgeon to Jervis-Street Hospital.—John Hyland, aged 30, a Custom House porter, admitted into hospital on September 8th, 1846; states that, about half an hour before admission, he was employed in lowering a cask full of sugar, when he was struck by the handle of the windlass with great violence in the left lumbar region; he was rendered insensible for a short time, and was carried into the hospital. On examination an extensive ecchymosis was found to exist along the left

side of the spinal column and lumbar region: the ninth, tenth, and eleventh ribs were fractured close to the vertebræ; there was excruciating pain on pressure over the region of the kidney; abdomen tympanitic; testicles retracted; countenance deadly pale, covered with cold perspiration, and highly expressive of pain; pulse quick and feeble. Soon after admission he expressed a desire to make water, and expelled, with much difficulty, more than half a pint of pure blood. Ordered six leeches to the seat of pain, and to have a draught containing acetate of lead and acetum opii every second hour.

9th. Slept very badly; pain in the left lumbar region intense; much increased by the slightest pressure: urine highly loaded with blood; finds considerable difficulty in emptying his bladder; bowels freed during the night; the leeches were repeated, and the draughts continued.

10th. Pain somewhat relieved by the leeches; made several attempts to pass his urine during the night, but could not do so; constant desire to pass water; bladder distended. A gum elastic catheter having been passed into the bladder, a considerable quantity of blood and urine were drawn off; there were several long clots of blood discharged. My colleague, Doctor Neligan, having suggested to me a trial of gallic acid, I was induced to order it in the form of pills, with extract of gentian, two grains and a half of the acid in each pill, which were taken at intervals of three hours.

11th. Considerably improved; the quantity of blood in the urine much diminished; after the third pill, the presence of gallic acid in the urine was detected by the addition of a few drops of tinctura ferri, sesq. chlorid., which converted it into a perfect ink. The pills were repeated.

12th. Passed a good night; made water freely; urine limpid, quite devoid of blood; pain in the lumbar region considerably decreased; pulse sixty-four, soft. Discharged cured on the 18th.

Gallic acid has proved a most useful addition to our list of astringents. Both as an external and an internal remedy in hæmorrhages its character stands high, and justly so; it is now generally alleged to be the active principle in Ruspini's celebrated Styptic, which Dr. Thompson is of opinion consists of gallic acid, sulphate of zinc, opium, alcohol, and rose water; the gallic acid evidently being the active ingredient. Sometime since I saw the power of Ruspini's Styptic put to the test in the case of a gentleman who had some of the branches of the palmar arch of arteries opened by the bursting of a bottle of soda water; profuse hæmorrhage having ensued, and attempts to secure the bleeding vessels having been tried in vain, graduated pressure was applied, but to such an extent, and for such a length of time, that sloughing of the palm of the hand ensued, with inflammation extending up the forearm, and considerable fever, together with repeated periodical hæmorrhages, by which the patient was considerably reduced: at this stage I saw the case in consultation, when it was agreed to give a trial to this powerful styptic, and a single application of it was followed by an immediate arrest of the hæmorrhage,

and recovery. As a local application in aphthous ulceration of the mouth and tongue, I can speak highly of gallic acid; it is also a valuable injection in the gleet stage of gonorrhœa. As an internal remedy, gallic acid has been used with great success by Dr. Simpson and others in certain forms of uterine hæmorrhage, and with this advantage over most other anti-hæmorrhagic medicines, that it had no constipating effect on the bowels; but as gallic acid passes directly to the kidneys, acting thereby as a direct astringent, the urine becoming impregnated with it very soon after its exhibition, it consequently is an astringent peculiarly suited to hæmorrhages from the urinary organs, and as such has been strongly recommended by Drs. Steeven-son, Golding Bird, and others. Dr. Steeven-son has published in the *Edinburgh Medical and Surgical Journal*, the following case of obstinate hæmaturia, successfully treated by gallic acid. The patient was a boy fourteen years of age, who had been passing blood with his urine for several months, supposed to have been caused by a blow which he had received in the lower abdomen from one of his school-fellows. After ineffectual attempts to arrest the discharge of blood, three grains of gallic acid were given every three hours for four days, when the discharge subsided, and did not return. In the case which I have brought forward, we found that the large doses of acetate of lead, combined with opium, did not check the hæmorrhage; whereas the bleeding ceased altogether after the exhibition of the third dose of the gallic acid, at which time the presence of the acid in the urine was proved by the addition of the tinct. ferri sesq. chlorid. —*Ibid.*

Source of the Catamenial Discharge.—By GEORGE KING, M. D.—The physiology of the source of the catamenial discharge, so peculiar to the human female, and the functions of the interior of the uterus positively ascertained, are subjects comparatively of very recent discovery, and as the opportunities are so rare of our having proof or of our obtaining any decisive means of determining the matter or establishing the fact that the uterus is the source of this healthy and proper sexual secretion, I think the following evidence may be interesting to the readers of the *Provincial Medical and Surgical Journal*. Should you be of that opinion perhaps you will find room for it in an early number:—

On Saturday, the 27th ult., I was applied to by a medical friend to assist him at a *post-mortem* examination, under an order from the city coroner, of a woman who had hung herself, the jury not being able to agree in their verdict. It is not often that a medical man is called on to make a *post-mortem* examination for the purpose of assisting the jury in coming to a correct verdict after death from hanging, the cause of death being so palpably visible; and how those twelve wisecracks could suppose that we should, by an examination after death, be able to discover the motive that could have induced this poor creature to commit such a rash act, I cannot conceive. But their ignorance was bliss to us, as it gave us an opportunity of making a very interesting examination..

The external appearance, and the gorged state of the blood-vessels of the brain, clearly proved that death had been caused by strangulation, and it also proved Dr. G. Burrows' theory on this subject to be correct. In removing the abdominal viscera we were struck with the size and vascular appearance of the uterus. As we understood she had been confined three months before, and the child soon after died, we thought the uterus might be impregnated, but on laying it open it presented to our view a most beautiful velvet-like appearance; the whole internal surface was covered with a dark, sanguineous mucus, which seemed to be exuding from it and could be easily scraped off. This unusual appearance we at once suspected to be the catamenial secretion, or the commencement of the process of menstruation.—There was no appearance of any discharge in the vagina, and in order to satisfy ourselves on the point as to whether she had been regular since the birth of the last child, we made inquiry, and learnt from a female friend who lived in the house with her, that she had menstruated *once* since her confinement, and she thought that she was expecting it again in a day or two. There is then indisputable evidence, and the strongest corroborative proof of the fact, that the source of the menstrual discharge, once so much disputed, is the inner membrane lining the uterus, and I think the strongest case recorded. As it is well known, and many remarkable cases are recorded, that hanging has a very curious effect on the organs of generation of the male,—Query, Did the apparently enlarged uterus, and the vascularity of the external part of this organ, arise from the process going on within, or from the mode of death? Perhaps some of your learned readers may be able to inform me.—*Prov. Med. & Surg. Journal.*

Case of Traumatic Tetanus: Administration of Ether.—By H. H. BROUGHTON, M. D.—On Saturday, March 20th, I was called at 6 A. M., to Charles Prescott, a miner, residing two miles from this place. I found the left arm completely shattered by a large stone falling on it; he had not lost much blood; his comrade had tied a piece of cord tight round his arm, which completely checked the bleeding. He had walked home a distance of a mile from the shaft where the accident occurred. I immediately amputated below the elbow-joint; three arteries required ligatures. He went on exceedingly well for some days. On Wednesday, the 24th, he was most anxious to get up, and on the wound being dressed, union had taken place by the first intention. On Saturday, the 27th, I found him sitting up and dressed; he said he was quite tired of bed. In the evening he sent down, stating he had taken cold. He had some aperient medicine sent him.

On Sunday the symptoms of tetanus became marked, there was considerable rigidity of the muscles of the neck and jaw, and difficulty in swallowing. He had an enema with turpentine, calomel, and an active aperient, which soon operated. The symptoms continuing, he had thirty minims of liquor opii sedativus, every hour, and belladonna to the neck and jaws. He was perfectly under the influence of opium, but without any remission of the symptoms of opisthotonos.

Monday evening. The spasms now most violent. Half a drachm of æther, added to each dose of opium, and calomel freely given through the night.

Tuesday morning. No better, but decidedly worse. We now determined to try æther. This was administered by means of Boott's apparatus. He was soon under its influence, and immediately all contraction and spasm ceased, and he got into a most comfortable sleep, which lasted full ten minutes. As soon as he became sensible the spasm and contraction returned, but scarcely so violent. He again enhaled the æther with the same result. He had it a third time; it again relieved him, and he was left asleep, and on visiting him I found he could open his mouth better. He was most anxious to have it again, but a violent spasm came on before I could get it to him, followed by another, and he immediately sank.—*Ibid.*

On Marking Ink, for marking Linen, &c., without the use of a Mordant. By MR. REDWOOD.—The practice of marking linen and other similar fabrics employed as wearing apparel, or for domestic use, with a preparation of silver, commonly called *Marking Ink*, has prevailed for many years, and has now become almost universal. The preparation first introduced for this purpose consisted of a solution of nitrate of silver, thickened with gum arabic and coloured with sap green; but in using this solution it is necessary previously to apply to the article to be marked, a *preparation or mordant*, consisting of a solution of carbonate of soda.

The following formula has been very generally adopted in the preparation of this kind of marking ink:

R.	Carbonate of Soda	℥ss.
	Distilled Water	℥iv.
Mix, and sign " <i>The preparation or Mordant.</i> "		
R.	Nitrate of Silver	℥j. ʒij.
	Gum Arabic	℥ij.
	Sap green	ʒj.
	Distilled water	f. ℥j.
Mix and sign " <i>The Ink.</i> "		

The ink made from the above, or a similar formula, which, I believe, almost every druggist through the country has been in the habit of preparing and selling, when used according to the usual instructions, produces a result which is subject to no objection that does not equally apply to any other marking ink having silver as its basis.

Within the last few years, however, the marking ink made as above, has been to a great extent superseded by the introduction of a new kind of ink, which does not require the use of a *mordant* or *preparation*. This ink appears to be generally preferred to the other; it is in one bottle, which occupies but little space, and its use is considered to be attended with less trouble and inconvenience than that of the other.

My attention has recently been directed to this subject, as I was desirous of introducing a good formula for *marking ink*, to be used as

a mordant, into the new edition, now publishing, of Gray's *Supplement to the Pharmacopœia*. Several formulæ have been published in the Journals, for the preparation of this ink, but none of these have given complete satisfaction.

The following appear to be the principal requisites in this kind of ink :

1st. That it shall flow freely from the pen, and form a well defined mark without running or blotting.

2d. That it shall not require a very strong or long continued heat to be applied, by holding the article that has been written on to the fire, or passing a hot iron over it, in order to develop the black mark required.

3d. That the mark produced by it, when developed by the application of heat, or by exposure to light, shall be perfectly black.

4th. That it shall not destroy the texture of even the finest cambric.

After several experiments, I have succeeded in making a marking ink, which I think will be found to realize all the above conditions ; it is thus prepared :—

R. Nitrate of Silver	℥j.
Carbonate of Soda, crystallized,	℥iss.
Tartaric Acid	℥ij. ʒij.
Strong Liquor Ammoniaë	f.℥ij. or q. s.
Archil	f.℥ss.
White Sugar	℥iv.
Powdered Gum Arabic	℥xij.
Distilled water	q. s.

Dissolve the nitrate of silver and carbonate of soda separately in distilled water : mix the solutions : collect and wash the precipitate on a filter ; introduce the washed precipitate, still moist, into a Wedgewood's-ware mortar, and add to it the tartaric acid, rubbing them together until effervescence has ceased ; add *liquor ammoniaë* in sufficient quantity to dissolve the tartrate of silver ; then mix in the archil, white sugar, and powdered gum arabic, and add as much distilled water, if required, as will make f.℥vj. of the mixture.

It will be observed that the essential difference between this formula and those which have been already published, consists in the use of tartrate of silver, instead of nitrate of silver.—*Pharm. Journ.*

Death of M. Lisfranc.—The celebrated surgeon of La Pitie died on the 12th of May from the progress of diphtheritic angina, complicated with pernicious fever, during the second paroxysm of which he expired. M. Lisfranc was only sixty years of age. The funeral took place on the 14th inst. It was most numerously attended, and MM. Pariset and Serres, and others, pronounced on the grave speeches expressive of their feelings on the melancholy occasion. As an operator, Lisfranc was unequalled, and it is a serious misfortune that his work on Operative Surgery, though far advanced, was not completed

at the time of his death; his lectures, of the most practical nature, were always fully attended, and were remarkable at all times for the energy with which his opinions were expressed. Lisfranc has written few works: two volumes of clinical surgery, and an incomplete sketch of the art of operations; but in his books, as well as in his practice, the following principle is constantly illustrated:—"The operations of surgery are brilliant; but the art of the surgeon consists less in performing them with ability, than in rendering them useless by proper treatment." Lisfranc's researches on cancer, on uterine disease, on white swellings, and his method for the partial amputation of the foot, ensure to his name a place amongst those of the most distinguished surgeons of the French school.—*London Med. Times.*

Attempted Bribery of M. Magendie.—M. Magendie had been appointed as a special witness to give evidence on the question whether certain leeches which had been sold by MM. Vaucher and Laurens were "gorged" * at the time of sale. Madame Laurens, the wife of one of the accused, was charged with attempting to bribe M. Magendie. This gentleman deposed that the accused called on him on the 24th January. After having begged him to devote the greatest care to the delicate investigation entrusted to him, the lady withdrew, leaving upon his table a sealed packet, which she said contained memoranda for his guidance in the case! After her departure, M. Magendie opened the packet, and found that it contained three bank notes of 1000 francs. There was also enclosed a letter, not signed, from which the following extract was read:—"Let me beg of you to procure the dismissal of the complaint against MM. Laurens and Vaucher. This will be simple justice. Your time is valuable, and I therefore wish to remunerate you. No one shall know of my visit to you."

Madame Laurens said, in her defence, that she had made a mistake in writing the letter; she had not intended to leave it behind her; and if it contained bank notes of 1000 francs, they must have got into the envelope without her knowledge. Her leaving the packet on the table must have been accidental. The tribunal, however, rejected this defence, condemned Madame Laurens to one month's imprisonment, and a fine of 300 francs; and they ordered the notes for 3000 francs, intended as the bribe, to be paid into the account for the benefit of the Parisian infirmaries."—*L'Union Medicale.*

Well done, Madame! but you must proceed more cautiously and prudently in future. You must learn better how to turn away the wrath or to soften the obduracy of those who report on your leeches. In Timbuctoo those who deal in gorged leeches manage things better.—*Dublin Med. Press.*

* In France leeches are sold by weight. It has been much the practice with leech-venders lately to let the leeches fill themselves with blood from calves, horses, and other animals, and sell them in this "gorged" state.

Case in which death was caused by eating raw rice. By DEBERT HOWELL, M. D.—Maria W——, a servant, aged twenty-two, previously in moderate health, but pale and anæmic, was taken suddenly ill with pain in the chest, while walking out in the evening of December 17th, 1846. At half-past seven, half an hour from the attack, she was suffering severe pain in the left hypochondriac region, attended by great restlessness. Percussion over the region of the stomach was not unusually loud. On inquiry, it proved that she had eaten in the afternoon, before her tea, a tumblerful of raw rice, mixed with milk, which she had been in the habit of eating, as well as arrow-root, sago, &c., in a raw state. The pain evidently arising from distention, caused by swelling of the rice in contact with the tea, and aided by the heat of the body, half a drachm of sulphate of zinc was administered as an emetic, which, failing to act, was repeated after twenty minutes. The stomach was then relieved, first of what appeared to be tea and wash, and afterwards, at intervals, of a large quantity of half-swollen rice, equal in bulk to an ordinary dinner-plate, piled; and she felt considerable relief from pain. The stomach-pump was not employed in this case, because it did not appear calculated to relieve the stomach of its half solid contents; in similar cases, however, it might prove useful by favoring the escape of gas. At eleven the following morning the pain increased suddenly, violently, with cold extremities, and feeble pulse, great abdominal tenderness, and she died at 4 P. M. On examination of the body, extensive peritonæal inflammation presented itself, with deposition of lymph agglutinating the intestines, and a copious effusion of turbid serum into the cavity of the abdomen. The stomach and duodenum were empty, with the exception of a few grains of raw rice at the pylorus, and perfectly free from inflammation. The small intestines were gorged throughout with a quantity of the same raw material that she had been in the habit of eating, apparently rice, arrow-root, &c., some raw and hard, and in parts so distending the intestine as to give the sensation to the fingers of feeling a bag of marbles, and some in a half digested state. The large intestines were loaded with fæces. The heart was small, the lungs healthy. It is remarkable that the stomach was perfectly free from inflammation.—*London Lancet.*

The Influence of Strychnine on the Urinary Organs.—In several cases of paralysis affecting the lower extremities and the bladder, strychnine has been employed; and it has been remarked that it, in the first place, increases the urinary secretion, then causes very frequent desire to empty the bladder, and when this is done, it is attended with some smarting. This influence on the bladder declines in proportion as the effects of the strychnine manifest themselves in the muscles of the limbs.

In one case in which strychnine was given, a varioloid eruption came out, which did not suppurate, but terminated by crusty desicca-

tions. When this eruption came out, the paralysis declined, and the bladder acquired power.

Strychnine, from the observations just mentioned, would therefore appear to exert a stimulant effect on the muscular tunic of the bladder; and if so, its utility would be rendered probable in paralytic conditions of the bladder, whether they be idiopathic, or arise from a mechanical cause; and it would act as an adjuvant to other remedies, where a palsied state of the bladder is only symptomatic of other disease.--*Ibid.*

Spontaneous Amputation in a new-born Child.—M. Paul Dubois presented to the Academy of Medicine a child, two days old, which presented remarkable and rare congenital lesions. Immediately after its birth, it was perceived that the middle and ring fingers of the left hand were reduced to the first phalanges; the free extremities of the latter were rounded, and covered over with skin, except at a small part, which still presented a wound, and showed the removal of the distal phalanges to have been recent. From alongside these small wounds, arose a slender but resisting filiform prolongation, larger than the wanting phalanges would have been, otherwise it might be considered as the remains of them.

A similar lesion existed in the second and third toes of the left, and also of the right foot. The last phalanges were wanting, and stumps replaced them, presenting central wounds and filiform appendages, as in the hand.

The left leg presented, a little above the malleoli, an obvious constriction, circular and straight, as though it had been produced by a ligature, but no vestige of such a thing was to be found. The great toe of the right foot offered, on a level with its first phalanx, a similar constriction. This alteration, and the removal of the toes, seemed to constitute two stages of the malady. Lastly, the right leg also presented a circular depression, having the same characters, and occupying the same position, as the constriction on the left leg, but much less marked. At the time of birth, no trace of inflammation existed around the mutilated parts; but since, and under the influence of the new conditions of external existence, a true inflammatory state had been set up.

The umbilical cord was but half its usual length; the membranes enclosing the child seemed to be constituted only by the chorion: at least, the amnion could not be distinguished. The placenta offered nothing remarkable. Setting aside the mutilations described, the child was well formed and fully developed.

The mother was not taken into the hospital until after the membranes had burst, and it was impossible to discover any trace of the deficient members.—*Ibid.*

Modification of the Moxa.—M. Guepratt proposes to use, in the place of cotton or amidon, paper which has been dipped into a solu-

tion of subacetate of lead, and afterwards dried; or he would prefer cotton so treated, to paper. This he tears in strips, and rolls into small rollers, which he makes to adhere at first, on the part to be treated, by a solution of gum arabic.—*Ibid.*

Land-Scurvy.—We understand that land-scurvy is becoming prevalent in various parts of the kingdom. A great many many cases, with the features resembling those of sea-scurvy well marked, have been lately brought into the Edinburgh Infirmary. The patients had been labourers on railways, living on bad diet, and working on moors far from villages, so that they were not able to procure milk or vegetables, or even the common conveniences for cooking their food. It is singular that, owing as it appears to the great dearth of vegetable food, a disease which has been long extinct in the navy, is now making its appearance on land. The deaths from purpura registered last week in the metropolis were 5. against a spring average of 0.4. *Lond. Med. Gaz.*

A simple remedy for Cramps in the lower extremities. BY DR. S. A. BARDSLEY, Manchester.—Having myself been for many years a martyr almost every night to this torturing malady, and having tried in vain many of the “thousand and one” remedies usually prescribed for relief, I was at length led to reflect upon a fact which had hitherto escaped my attention, viz., while sleeping in a chair, with my lower limbs, if not touching the floor, yet so depending as to form an inclined plane with the whole of my frame, that I was in this position never disturbed by cramps; and upon inquiry I found other sufferers from habitual cramps were under the same predicament. These facts, in connection with some physiological considerations, induced me to put into practice the following plan, which has proved decidedly successful. My plan is to sleep upon an inclined plane, which is effected by taking care that the bed or mattress should incline twelve inches from the upper to the lower part of the bed; and for this purpose the lower feet were cut down so as to form this inclination. I will now state two facts, which are sufficient tests that neither the imagination nor intemperate diet were the causes of my habitual cramps. 1st. That after my trial of the inclined plane for seven consecutive nights with complete success, the housemaid, unknown to me, had raised my bed to its usual horizontal level, and, unconscious of the change, I went to sleep, when shortly afterwards the cramps were so severe as to compel me twice to alarm the family by my cries and moans; and it was not until I arose in the morning that I discovered the change in the form of my bed. 2d. The other test is the one which I made six weeks ago. After very spare diet of twenty-four hours, I replaced my bed from the inclined to an horizontal position, when, shortly after, I awoke with dreadful cramps—so violent in the muscles of the thigh and legs as to require two persons to hold the limbs down in order to apply friction, with stimulants, both external

and internal; indeed, the paroxysm was so severe and continued as to be accompanied with sickness and faintness. I deem it necessary to give a caution to sufferers from cramps, that the disorder is almost always connected with a weak or imperfect state of the digestive organs, and therefore, although the method now stated for relief will allow the sufferer several luxuries hitherto forbidden, yet there must be limits placed to such indulgences if he expects to pass the nights entirely free from his malady.—*Ibid.*

Fever in Liverpool.—We regret to state that there has been an alarming increase of fever and mortality in Liverpool during the last week, and that the disorder is not by any means confined to the lower classes. Two Roman Catholic clergymen have fallen victims to the pestilence. In addition to the deaths of Mr. Parker and Dr. Kelley, we have to report that Inspector Forsyth, one of the recently-appointed relieving-officers, after an illness of eight days, died on Friday morning. Mr. Gray, one of the overseers, is seriously indisposed. The same may be said of Mr. Staine and Mr. Lamonby, two of the relieving-officers, and also of three of the medical gentlemen connected with the parish, namely, Mr. Steele (only a few days appointed to the office,) Dr. Robert Gee, and Mr. Grimsdale, surgeon to the work-house. Three of the policemen employed as district relieving-officers have become afflicted with typhus; and an able-bodied pauper from the work-house, who was employed as an assistant in the new parish offices in St. Anne Street, caught the same malignant disease at those offices, and is dead.—*Ibid.*

Increase of fever in Ireland.—Deaths by famine are happily becoming rare, but fever is creating great ravages. The accounts from Kerry, Galway, Roscommon, and Longford, are of an extremely unfavourable character. In the union work-house of the latter county the number of deaths in the year ending the 1st of April, 1846, was 112, while for the corresponding period this year they amounted to 677.—*Ibid.*

A new application of Ether Vapour.—It occurred to me lately, that the vapour of sulphuric ether might be used, instead of fumes of sulphur, in taking honeycomb from bee-hives. By experiment, I find that a very small quantity induces the full narcotic effect of the drug on these insects; the insensibility continues for nearly an hour, and is followed by complete recovery.

The humanity as well as the economy of the plan will, I think, recommend it; various simple means may be adopted for the application of the vapour; a proper precaution would be to envelope the hive with an air-tight hood, formed of some such material as oiled silk; the fumigation need not last longer than five minutes.—M. D.
Ibid.

London University College.—The distribution of prizes in the medical department of this University took place on the 1st inst., and on the occasion the hall was filled with the students and their friends. Lord Brougham, as President of the University, occupied the chair, and the proceedings opened with the reading of the annual report by Mr. Liston, Dean of the Faculty of Medicine. From that document it appeared that the number of medical students who attended classes during the past year was 290, the number of the preceding year being 292.—*Ibid.*

The Diploma of the College of Surgeons obtained under false representations.—The Taunton and Somerset Branch of the Provincial Medical and Surgical Association, having discovered that a Mr. James Dore Blake had obtained the diploma of the College of Surgeons by improper means, brought the matter before the Council. It appears that Mr. Blake had been for thirteen years prior to May, 1845, a retail pastrycook, and that after one year of Medical study he presented himself at the College of Surgeons, London, for examination, and obtained their letters testimonial as to his fitness to practise. The council, after considerable delay, sent the following resolution to Dr. Woodforde, the president of the branch association:—"At an extraordinary meeting of the council of the Royal College of Surgeons of England, Tuesday, the 27th of April, resolved, 'That it appears to the council that Mr. James Dore Blake obtained his examination and letters testimonial by false statements and imposition; and the council does, therefore, recal such letters testimonial, and hereby declares the same to be void; also, that Mr. Blake be requested to return the diploma granted to him, he having ceased to be a member of this college.'—EDMUND BELFOUR, Sec."—*London Med. Times.*

Sydenham Society.—The Society held its fourth anniversary meeting on Saturday, May 1st, Dr. Latham in the chair. The report was read by the Secretary, Dr. Risdon Bennet, and represented the Society, as in a flourishing condition. A complete edition of Hippocrates was stated to be in progress, as also a work on medical physiology, and another on medical ethics. A work on ancient medical Bibliography was also in progress. The Treasurer read his report from which it appeared that there was a balance in hand of £700.—*Prov. Med. & Surg. Jour.*

Coffee in Poisoning by Acetate of Morphia.—A patient swallowed at one dose *ten grains* and three quarters of acetate of morphia.—Tartar emetic was immediately given, but without producing vomiting. About three hours after the accident, and while the patient was in a state of deep coma, a highly concentrated solution of coffee with the solid residue was given to him. The patient swallowed about ten ounces in twelve hours. The coma disappeared, and he perfectly recovered.—*Gaz. Medicale.*